CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐ To be sold as scrap or waste paper	☒ To be Burned or shredded	☐ Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS:

C P Force 3/29/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

DEATHS

BEGINNING 1940

EP 23407

FILED ON FILM

IN

NUMERICAL ORDER

F 77550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94

F 77550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 W. Chesapeake Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Uhler Lemmon (John Uhler Lemmon,)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 198-07-1977

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary G. McGuigan Lemmon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	8	hr. min.

9. Birthplace Pittsburg, Penna. (Town, county, and state)
10. Usual Occupation Traveling Salesman
11. Industry or business Metal Signs & Cans.

FATHER
12. Name Benjiman Franklin Lemmon
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jane Davis,
15. Birthplace Baltimore City.

16 (a) Informant Mary Gertrude Lemmon
(b) Address 307 W. Chesapeake Ave. Towson. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director Peter Wiedefeld
(b) Address 501 E. 32nd St.

19 FEB 14 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 10 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1941, to Feb 13 1941, and that I last saw him alive on Feb 13 1941.

Immediate cause of death

Acute Coronary Thrombosis and Occlusion — Duration 45 mins.

Due to

Coronary Vascular Disease

Due to

Other Conditions Hypertension and Decompensation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schenthal M. D.
Address Mercy Hospital Date signed 2/13/41

E 77551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 Registered No. E 77551

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 742 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 742 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Kerner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 16 - 1940

8. AGE: Years	Months	Days	If less than one day
	10	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Kerner
13. Birthplace Ohio

MOTHER 14. Maiden Name Mary C. Maley
15. Birthplace Ohio.

16 (a) Informant Mary C. Kerner
(b) Address 742 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15. 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

(b) Date received by local registrar FEB 14 1941 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941 at 12 25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Enlarged thymus! Asphyxia — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Gerald Gruff M.D. Medical Examiner.
Date signed 2-12-41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

77552 ✓93-D F 77552

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town Baltimore City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 704 E. 41st St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Smithville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Albert Weed

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna L. Weed

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1845

8. AGE: Years 95 | Months 10 | Days 15/6 | If less than one day hrs. min.

9. Birthplace Stamford Conn.
(Town, county, and state)

10. Usual occupation Noland

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Mildred S. Mettam
Address 704 E. 41st St. Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/16/41 (month) (day) (year)

Cemetery or crematory Smithville Conn.

Location Smithville, Md.

18. Funeral director Wm Reuben Dunkley

Address Rockville, Bethesda Md.

FEB 15 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb., 14, 1941, at 5A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 13, 1941 to Feb. 14, 1941 and that I last saw him alive on Feb. 13, 1941

Immediate cause of death Cardiac failure

DURATION

Due to Chronic Myocarditis & Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lloyd E. Saylor M.D.
M. D. or other

Address 3902 Greenmount Ave. Baltimore Md. Date signed Feb 14 '41

F 77553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 33-a

F 77553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1337 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Homestead St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie R. Watts

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NINE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: George R. Watts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 25th 1860

8. AGE: Years	Months	Days	If less than one day
80	10	19	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sfly

FATHER
12. Name Henry Wetking
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Tenasmith
15. Birthplace Germany

16 (a) Informant Carrie B. Sharp
(b) Address 1337 Homestead St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 E. Pratt St

19 (a) Harrington Williams, Mgr. (Date received by registrar)
FEB 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14th 1941, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941, to Feb 14 1941, and that I last saw her alive on Feb 14 1941.

Immediate cause of death: La Grippe — Duration: Jan 13 1941

Due to: Bronchial Pneumonia — Feb 8 1941

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. F. Edmondson M. D.
Address 2746 Alameda Blvd Date signed 2/17/41

77554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or entry cannot be completed. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 N. Chappel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Chappel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Emma Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Warrenington N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stephen Boyd
13. Birthplace N.C.

MOTHER
14. Maiden Name Sallie Boyd
15. Birthplace N.C.

16 (a) Informant William Johnson
(b) Address 1303 N. Chappel St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Norlina N. Carolina

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) FEB 15 1941 (Date rec'd by registrar) (b) Registrar Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1941, to Feb 13 1941; and that I last saw h[illegible] alive on Feb 12 1941.

Immediate cause of death Cerebral Hemorrhage — Duration Feb 12,

Due to Hypertension

Due to

Other Conditions Chron. Nephritis and Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Positive

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature R. A. Yarrow
Address 1424 [illegible] Date signed 2/14/41

77555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 77555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1773

3 (a) FULL NAME CHARLES CROMWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 15, 1887

8. AGE: Years	Months	Days	If less than one day
53	10	28	hr. min.

9. Birthplace Towson, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Gabel Cromwell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Boulden
15. Birthplace Maryland

16 (a) Informant Margaret Cromwell
(b) Address 2108 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cem
Location Towson Md

18 (a) Funeral director Mrs. R.G. Elliott Draughton
(b) Address 1129 N. Carey St.

19 (a) FEB 15 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1941, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Arteriosclerosis (Paget's disease) (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Asst. Medical Examiner.
Date signed 2-17-41

VS 6

39587

F 77556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 a F 77556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1417 E Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Julius R Moore

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-02

8. AGE: Years 38 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Moore
13. Birthplace Pa

MOTHER
14. Maiden Name Mary ?
15. Birthplace Pa.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 17 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) FEB 15 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941, to Feb 13 1941, and that I last saw h/M alive on Feb 13 1941.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Coronary Arteriosclerosis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W N Muller
Address 3 C N Date signed 2-15-41 M. D.

VS 3

Eleanor Pack

77557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓ F 77557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Rutland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Pack (Pack)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Pack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889 - Aug

8. AGE: Years 51 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Eleanor Epps

MOTHER 15. Birthplace Maryland

16 (a) Informant James E. Pack

16 (b) Address 931 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)

17 (c) Cemetery or crematory Mt Calvary Elm

Location Baltimore Md.

18 (a) Funeral director Mrs Ida Bailey

18 (b) Address 1421 Jefferson St

19 (c) FEB 15 1941 Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Feb 13 1941, and that I last saw h alive on Feb 12 1941.

Immediate cause of death: Paralysis Agitans Chronic Parenchymatous Nephritis — Duration: 3 mos

Due to:

Due to:

Other Conditions Hypertension — Duration: 3 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Lazarus

Address 429 E Rutland Ave Date signed 2/14/41

VS 3

77558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195- E 77558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town rural - Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Railroad Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Margaret Keating

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9th 1939

8. AGE: Years 1 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William H. Keaton

13. Birthplace Towson Md

MOTHER 14. Maiden Name Mary Ringgold

15. Birthplace Lutherville Md

16 (a) Informant Mary Keaton

(b) Address 32 Chesapeake Ave Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15th 1941 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest

Location Towson Md

18 (a) Funeral director Bayard Maurice H. Knight

(b) Address 1218 McElderry St

19 FEB 15 1941 (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1941, at 7½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1940 to 2-13 1941, and that I last saw h[illegible] alive on 2-13 1941.

Immediate cause of death: Cerebral injury — Duration

Due to trauma (forceps delivery) — 15 min.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence at birth
(c) Where did injury occur? Hospital (City or town) John Hopkins (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury by forceps delivery

23. Signature H. H. Grosvenor M. D.

Address Provident Hospital Date signed 2-13-41

VS 8

F 77559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 77559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4411 Forest View Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 S. Bouldin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 11

3 (a) FULL NAME Elizabeth Stein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Adam Stein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1853

8. AGE: Years	Months	Days	If less than one day
87	6	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name Siegmund
13. Birthplace Germany

MOTHER
14. Maiden Name Marie
15. Birthplace Germany

16 (a) Informant George Jungblut
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Clarence P. Hoffman
(b) Address 1639 N. Broadway

19 FEB 15 1941 (Date rec'd by Registrar) (b) Huntington Hilliard, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1941 19 at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1941 to 2-12 1941 and that I last saw h[illegible] alive on 2-12 1941.

Immediate cause of death Bronchial Pneumonia — Duration 6 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Jungblut
Address 5402 Belair Rd Date signed 2-14-41

F 77560 ✓ F 77560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave & Dukeland Sts.
(c) Hospital or institution: West Balto. Gen. Hosp. 16 54
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William H. Kreutzer.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None.	Unknown	Male	White	Widowed.

6 (b) Name of husband or wife Mary E. Kreutzer.
6 (c) If wife, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 3-1875

8. AGE: Years	Months	Days	If less than one day
66	0	10	hr. ..... min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Marine Engineer.
11. Industry or business Steam Boats.

FATHER
12. Name Theo. Kreutzer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Eliza Riehl.
15. Birthplace Germany.

16 (a) Informant Edward Kreutzer.
(b) Address 1238 N. Washington St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 15-1941. (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore. Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

FEB 15 1941 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1941. at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1941, to 2/13 1941, and that I last saw h[illegible] alive on 2/13 1941.

Immediate cause of death ..... Duration

Bronchogenic carcinoma 1 yr?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Harold A. Gott M. D.
Address W. B. G. H. Date signed 2/13/41

77561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 77561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 5412 Frederick (If rural give location)
(e) If foreign born, how long in U. S. A.? 79 years

3 (a) FULL NAME Mrs George H. Hess
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1861

8. AGE: Years	Months	Days	If less than one day
79	1	18	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired Dietitian
11. Industry or business Interne dietitian

FATHER
12. Name Leonard Hess Co.
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Elizabeth Steinbach
15. Birthplace Md.

16 (a) Informant Howard E. Maloney
(b) Address 5412 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Harry H. Wittyke
(b) Address 4101 Eastern Ave.

19 FEB 15 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1941, at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1941, to 2-13 1941, and that I last saw him alive on 2-13 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to Arteriosclerosis
C. V. Dis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks M. D.
Address St Agnes Date signed 2/13

77562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 250 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Mary Watkins Birth F 11459

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1940

8. AGE: Years | Months: 8 | Days: 5 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis Brown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah Watkins
15. Birthplace Balto Md

16 (a) Informant Sarah Watkins
(b) Address 250 N. Bruce St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 822 N. Schroeder St

FEB 15 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941, to 2-13 1941, and that I last saw h[illegible] alive on 2-13 1941.

Immediate cause of death: Bronchopneumonia — Duration: 2 weeks

Due to:

Due to: Malnutrition

Other Conditions: Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 2-13-41

77563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 77563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 S. Washington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs.

3 (a) FULL NAME JAMES CHES

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-1516

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1884

8. AGE: Years	Months	Days	If less than one day
56	4	26	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business Railroad

FATHER
12. Name Michael Ches
13. Birthplace Poland

MOTHER
14. Maiden Name Julia Mazana
15. Birthplace Poland

16 (a) Informant Mrs. Agnes Ches
(b) Address 108 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Road

18 (a) Funeral director M. F. Sadowski & Son.
(b) Address 1808 Eastern Aven

FEB 15 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1941, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Feb 13 1941 and that I last saw h alive on February 13 41.

Immediate cause of death Acute Pulmonary Tuberculosis 4 months — Duration

Due to Bronchial Pneumonia and Pleurisy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph G. Valentine M. D.
Address 620 Monroe Date July 14 41

77564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2324 Essex Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Essex Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH BANASKI (BANASZKIEWICZ)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1919.

8. AGE: Years	Months	Days	If less than one day
21	8	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canning

FATHER
12. Name George Banaszkiewicz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha Merson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Bertha Banaszkiewicz
(b) Address 2324 Essex Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave.

19 FEB 15 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1941 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1941 to Feb 14 1941, and that I last saw him alive on Feb 13 1941.

Immediate cause of death	Duration
Lobular Pneumonia	1 day
Due to Bronchial Asthma	2 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Lefebvre, M. D.
Address 432 S. Patterson Pk. Date signed 2/14/41

H. L. Wollenweber, M.D. Assistant Examiner

77565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Pine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Leitch

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Moran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 - 1861

8. AGE: Years 79 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Junk Dealer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Dept of welfare
(b) Address Baltimore City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Frank H Seitz
(b) Address 414 W 36th

19 (a) FEB 15 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Kelbert M.D. Medical Examiner.
Date signed 2/13/41

F 77566 HEALTH DEPARTMENT—CITY OF BALTIMORE 77566

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp St. 15-12 Ward) Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 3736 Reisterstown Rd St., ... Ward. Birth F23455

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/13/41

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		one	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Morris Cohen

14. BIRTHPLACE (city or town) (State or country) Louisville, Ky

MOTHER

15. MAIDEN NAME Millicent Weinberg

16. BIRTHPLACE (city or town) (State or country) London, England

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER [illegible] MEDICAL SCHOOL FEB 15 1941

(Address)

20. FILED FEB 15 1941 For H. M. [illegible] Registrar

6271

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-1941

22. I HEREBY CERTIFY, That I attended deceased from 2-13 —, 1941, to 2-13-, 1941

I last saw him alive on 2-13-1941 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6 mos.	

Other contributory causes of importance:

(1) Caesarean section } no matter
(2) Thrombic purpura + hemorrhage } above

Was an operation performed? above Date of 2-12-41

For what disease or injury?

Name of operation Mother had caesarean section

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold A. Gott M. D.

(Address) W. B. & H.

N. B.—WRITE PLAINLY with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 9

77567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 77567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave.
(c) Hospital or institution: Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. 37th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura L. Justice.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James L. Justice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 9, 1865

8. AGE: Years 75 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual Occupation: Retired Nurse

11. Industry or business

FATHER
12. Name: Unknown.
13. Birthplace: Unknown.

MOTHER
14. Maiden Name: Mary Butler.
15. Birthplace: Md.

16 (a) Informant: Mrs. Clara E. Reese.
(b) Address: 711 W. 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 15, 1941 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville.

18 (a) Funeral director: Thomas F. Sonday
(b) Address: 3615-17 Eastern Ave.

FEB 15 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13 1941, at 8.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 12 1941, to Feby 13 1941, and that I last saw her alive on Feby 13 1941.

Immediate cause of death: Pulmonary Embolus due to Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: F. J. Kirby M. D.
Address: 118 E. North Ave. Date signed: 2/14/41

VS 3

F 77568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 126

Registered No. F 77568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns H.
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 778 Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clara Agnes Green

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife: George W. Green.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1891

8. AGE: Years	Months	Days	If less than one day
69 68	7	0	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Patient Bessie M. Seifert
(b) Address Sister 778 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1941 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge.
Location Washington Blvd.

18 (a) Funeral director Chenault & Donovan.
(b) Address 2615 Liberty Heights Ave.

19 (a) FEB 15 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1941, at 4.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 5 1941, to February 17, 1941, and that I last saw her alive on Feb. 14, 1941.

Immediate cause of death: Post operative Cardiac failure — Duration: 2 6 hrs.

Due to: Arteriosclerotic Hypertensive Cardiovascular disease. — Duration: years

Due to:

Other Conditions: Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings: Cholecystocholithiasis
Of operations:

Of autopsy: Congenital Absence of Left Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Women's Hospital Date signed 2-19-41

F 77569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77569

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2603 Wash Blvd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2603 Wash Blvd (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Frederick Klingebiel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Katherine M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1865

8. AGE: Years	Months	Days	If less than one day
75	2	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Grocery Store Prop

11. Industry or business Owner

FATHER

12. Name Unknown

13. Birthplace " "

MOTHER

14. Maiden Name Unknown

15. Birthplace " "

16 (a) Informant Anna Klingebiel

(b) Address 2603 Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd

18 (a) Funeral director Edmund Faulkner

(b) Address 235 Washington Blvd

FEB 15 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 13 1941 at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 16 1937 to FEB 13 1941 and that I last saw him alive on FEB 12 1941.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 2-11-41

Due to ARTERIOSCLEROSIS — 1937

Due to ARTERIOSCLEROSIS — 1937

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Nolan M. D.

Address 652 Washington Blvd Date signed 2-14-41

77570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2917 Presbury Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Presbury Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME MAURICE C. HEALY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-1383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife --- Edna Frances Healy

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Apr. 7, 1884

8. AGE: Years	Months	Days	If less than one day
56	10	7	... hr. ... min.

9. Birthplace Lynchburg, Va. (Town, county, and state)

10. Usual Occupation Clerk- School of Hygiene

11. Industry or business Hopkins

FATHER
12. Name John Healy
13. Birthplace Lynchburg, Va.

MOTHER
14. Maiden Name Marie A. McCormick
15. Birthplace Ireland

16 (a) Informant Edna Frances Healy
(b) Address 2917 Presbury Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. P. Graul & Son
(b) Address 1811 N. Royal Ave

19 FEB 15 1941 (Date rec'd by registrar) (b) Huntington Hilliard, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1941, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 41 to Feb 14 41 and that I last saw h[illegible] alive on Feb 12 1941.

Immediate cause of death: Chronic valvular heart disease — Duration 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. P. Graul
Address 173 Poplar Rd Date signed 2/14/41

F 77571

F 77571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Connette Barksdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife John Walter Barksdale
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) May 12, 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
20	9	2		

9. Birthplace Hodges S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Joe Smith
13. Birthplace Abbeville S.C.

MOTHER
14. Maiden Name Edith Thomas
15. Birthplace Abbeville S.C.

16 (a) Informant husband
(b) Address 1015 Linden Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave. Baltimore, Md.

19 (a) Date received by Local Registrar FEB 16 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1941, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1941, to 2-14 1941, and that I last saw her alive on 2-13 1941.

Immediate cause of death Advanced Pulmonary Tuberculosis — **Duration** 6 mos (?)

Due to

Due to

Other Conditions Pregnancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. King B E Degen, Jr. M.D.
M. D.
Address University Hospital Date signed

F 77572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 77572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mosa Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6899

4. Sex Male.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-31-1894

8. AGE: Years 47 | Months 45 | Days 01 | If less than one day hr. 13 12 min.

9. Birthplace Washington N. C. (town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Sandy Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Francis Howard
15. Birthplace N. C.

16 (a) Informant Maria Emmett.
(b) Address 329 Sunny at Brooklyn MC.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 16 41. (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave Baltimore, Md

FEB 16 1941 (Registered number) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1941, to 2-13 1941, and that I last saw h/he alive on 2-13 1941.

Immediate cause of death: Coronary Embolism — Duration

Due to

Due to

Other Conditions Cerebral Thrombosis 5 days
Left Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. K. Mumaugh M. D.
Address Provident Hospital Date signed 2-13-41

F 77573 R

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 77573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 Lloyd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 Lloyd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Creamer

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Dora Creamer
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 4th 1878

8. AGE: Years	Months	Days	If less than one day
62	6	11	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Dealer
11. Industry or business Produce

FATHER
12. Name Charles Creamer
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Dora Creamer
(b) Address 34 Lloyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory Mayland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

19 (a) FEB 16 1941 (District Registrar) Hattie A. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15th 1941, at 6:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Feb 15 1941, and that I last saw him alive on Feb 14 1941.

	Duration
Immediate cause of death Edema / Nephritis	3 1/2 mo
Due to Heart failure.	2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard A. Eashinger M. D.
Address 1514 E. Baltimore Date signed Feb 17 1941

VS 3

F 77574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 77574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th St
(c) Hospital or institution:
Home for Incurables -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton -
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Lusby Pascault

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower.

6 (b) Name of husband or wife Lee Clement Tilghman
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-2-1864

8. AGE: Years	Months	Days	If less than one day
76	5	12	..... hr. ..... min.

9. Birthplace Maryland - Easton -
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Frank Pascault
13. Birthplace Maryland -

MOTHER
14. Maiden Name Catherine Lusby
15. Birthplace Maryland -

16 (a) Informant Lee E. Wharton -
(b) Address Home for Incurables

17 (a) Burial (b) Date thereof 2/16/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 16 1941 (Date received by Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1941 at 10 43 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to Feb. 14 1941, and that I last saw him alive on Feb. 14 1941.

Immediate cause of death	Duration
Arteriosclerosis (Generalized)	2 yrs.
Coronary Sclerosis	1 yr.
Due to	.....
Due to Polyarthritis	12 mos.
Other Conditions Chronic Bronchitis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. Grafton Harsperger M. D.
Address 214 Medical Arts Bldg Date signed 2/15/41

F 77575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 77575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Chesapeake (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-1

3 (a) FULL NAME George M.D. Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
MALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 26, 1876

8. AGE: Years	Months	Days	If less than one day
64	10	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Capitalist

11. Industry or business Finance

FATHER
12. Name George M. D. Tyler
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie Linderman
15. Birthplace Balto Md.

16 (a) Informant Mary T. Tyler
(b) Address 5121 Liberty Heights Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/17/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn
Location n Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (c) FEB 16 1941 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1941 1941, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14, 1941, to Feb. 15, 1941, and that I last saw h/m alive on Feb. 15, 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertensive Cardio-Vascular Disease	10 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Vollmer M.D.
Address Mercy Hosp. Date signed 2-16-41

VS 3

77576 F 77576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Safner

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-3654

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Hungary (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Hungary

MOTHER
14. Maiden Name Christine Ellie
15. Birthplace Hungary

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Date received by Local Registrar FEB 16 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1941 19 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18- 1940 to Feb-15 1941 and that I last saw him alive on Feb 14- 1941.

Immediate cause of death: Acute Dilatation of Heart — Duration: 1 hr -

Due to: Chronic Myocarditis — 2 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gill Hall M. D.
Address 1631 E North av Date signed 2/15/41

F 77577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 77577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARL CUMMINGS (G'Cummings)

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-03-5910

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-1894

8. AGE: Years 46 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Waiter
11. Industry or business Southern Hotel

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rev. Fredrick Douglass
(b) Address 1327 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

FEB 16 1941 (Date rec'd by registrar) Hunter for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1941, at 2 05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I. (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Asst Medical Examiner.
Date signed 2-14-41

F 77578 ✓ F 77578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 488 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hazel Harcum (49196)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1922

8. AGE: Years	Months	Days	If less than one day
18	10	2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Harcum (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Garrett
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Signature of Registrar) Registrar

FEB 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1941 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13, 1939 to Feb. 13, 1941 and that I last saw her alive on Feb. 13, 1941

Immediate cause of death: Bilateral pulmonary Tuberculosis — Duration: about 2 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard, M.D.
Address Balto. City Hospitals Date signed 2-14-41

F 77579 ✓ F 77579

F 77579

F 77579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Cathedral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harrison W Wagner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-5520

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna L Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1878

8. AGE: Years	Months	Days	If less than one day
62	2	23	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Edward F Wagner
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Emma Hunright
15. Birthplace Phila Pa

16 (a) Informant Mrs Anna L Wagner
(b) Address 506 Cathedral St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1941 (month) (day) (year)
(c) Cemetery or crematory West Laurel Hill Cem
Location Phila Pa

18 (a) Funeral director H Jenkins & Son Co
(b) Address Orchard & Mitchell Sts

19 (a) FEB 16 1941 (Date rec'd by registrar) (b) H. Tyler Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1941, at 5 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1941, to 2-15 1941, and that I last saw h[illegible] alive on 2-15 1941.

Immediate cause of death: Coronary Thrombosis — Duration 4 hrs
Due to Degen C V Dis
Due to
Other Conditions Chr Cholecystitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks M. D.
Address St Agnes Date signed 2/16

F 77580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

F 77580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Lemmon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1839

8. AGE: Years	Months	Days	If less than one day
11	8	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James W. Washington
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ida Bowl
15. Birthplace Balto Md.

16 (a) Informant Mrs Ida Washington
(b) Address 904 Lemmon St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/17/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J Conway Son
(b) Address 901 Hollins St

19 (a) (Date received by Registrar) (Huntington Williams, M.D.) Registrar

FEB 16 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th 1941, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1941 to 2-14 1941, and that I last saw h[illegible] alive on 2-14 1941.

Immediate cause of death
Bronchopneumonia
(Terminal)
Due to
Due to
Other Conditions Rheumatic Cardio Valvular disease
(Include pregnancy within 3 months of death)

Duration
4 days
several years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustav Aigstern M. D.
Address 888 W. Lombard St Date signed 2-14-41

F 77581 Dr. C. E. Callas

F 77581 Fulton ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B Registered No. F 77581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 N Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 N Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry H Day

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amy F Day

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1874

8. AGE: Years 66 | Months 5 | Days 13 | If less than one day: hr. min.

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Perry Day
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Shipley
15. Birthplace Md

16 (a) Informant Amy F Day
(b) Address 1730 N Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk Cemetery
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

FEB 16 1941 (Date received by registrar) Waiting for Wills

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1940 to Feb 13 1941, and that I last saw h.M. alive on Feb 13 1941.

Immediate cause of death: Acute cardiac dilatation — Duration 12 day

Due to: Chronic myocarditis Chronic nephritis of the kidneys — 6 yrs.

Due to: — over

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature A. Calas, M.D.
Address 47 N. Easton Date signed Feb 16/41

F 77582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

F 77582

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: University Hospital. 4-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Relay (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed,~~ or divorced. divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1884

8. AGE: Years 56 | Months 6 7 | Days 29 | If less than one day hr. min.

9. Birthplace Penna. (Town, County, and state)

10. Usual Occupation Run Saw mill

11. Industry or business

FATHER 12. Name Alpheus A. Clark

13. Birthplace Penna.

MOTHER 14. Maiden Name Mirah Lavina Thompson

15. Birthplace Penna.

16 (a) Informant mrs. Mary Ritz

(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1941 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Location Washington Blvd. Dorsey Md.

18 (a) Funeral director Wm. Berryman & Sons

(b) Address Relay Md.

19 (a) Date received by local registrar FEB 18 1941 (b) Huntington Williamson

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14-41 19 , at 10 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941, to 2-9 1941, and that I last saw h alive on 2-9-41 19 .

Immediate cause of death Pneumococcus septicemia — Duration 4 days

Due to Pneumonia, Rt lower

Due to multiple lung abscesses; empyema, left Chest; Radiate Cardiac neurosis of 20 yrs. — 1 mo. 4 days 1 month

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations above upon request

Of autopsy Findings of autopsy not available.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas H. Young Jr. M. D.

Address University Hosp. Date signed 2-14-41

F 77583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 77583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11h. Linwood ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11h. Linwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah O'Hara

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8-1861

8. AGE: Years 79 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business Home

FATHER
12. Name Edward Deems
13. Birthplace Eng

MOTHER
14. Maiden Name Jane O'Grady
15. Birthplace Ireland

16 (a) Informant Walter Schultz
(b) Address 11 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Bath.
Location Old Frederick Rd.

18 (a) Funeral director John. A. Moan
(b) Address 300 E. Balto St.

19 (a) FEB 16 1941 (Date rec'd by Registrar) (b) Interment in Forest Lawn, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1941, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Feb 14 1941, and that I last saw h alive on Feb 14 1941 Feb 9 4.

Immediate cause of death — **Duration**

Due to Cerebral Embolism — 2 days

Due to — 7

Other Conditions Generalized Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address 100 N Linwood Ave Date signed Feb 15/41

F 77584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77584

CERTIFICATE OF DEATH

✓107

Registered No. .....

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Lemmon Spring & Belvedere St. Ward) 27-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna Pollack

If U. S. Veteran specify WAR ...

(a) Residence: No. Lemmon Spring - Belvedere St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	F	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Abraham Joseph

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Stopsie

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinblatt

(Address) Lemmon Spring Belvedere

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 2/16 19 41

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 W North Ave

20. FILED FEB 16 1941 Justin J. Williams M.D. Registrar.

VSP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939 to 2-16, 1941

I last saw h[illegible] alive on 2-15, 1941. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Edmund Levin M. D.

(Address) Levindale

INSTRUCTIONS—WRITE PLAINLY with unfading ink. Fill in all items. Any unknown information should be carefully supplied. AGE should be stated PRECISELY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 77585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 S. Hanover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 S. Hanover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha F. McCauley.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: George W. McCauley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1863

8. AGE: Years 77 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name ? Shiffett
13. Birthplace Va.

MOTHER
14. Maiden Name Treasey Jolly
15. Birthplace Va.

16 (a) Informant Bessie L. Fleshman
(b) Address 902 S. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1941 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Govans

18 (a) Funeral director Chas. H. Donovan
(b) Address 3615 Harford Ave.

FEB 16 1941 (Date rec'd by Registrar) Hunter's Pt Williamsburg Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1941, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1939 to Feb. 1941, and that I last saw her alive on Feb. 14 1941.

Immediate cause of death: Acute Left Ventricular Failure — Duration: One hour
Due to: Hypertensive Heart Disease — 2 years
Due to:
Other Conditions: Arteriosclerosis — 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Silverstein, M. D.
Address 827 Light St M. D.
Date signed 2/15/41

VS 3

77586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 341 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 341 S. Payson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Jacob Sippel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Barbara E.

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) July 31, 1854

8. AGE: Years 86 | Months 6 | Days 1312 | If less than one day — hr. — min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Sippel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant
(b) Address 341 S. Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Shipley & Son
(b) Address 1300 Eutaw Place

FEB 16 1941 (Date received by Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1941, at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/27 1937, to 2/13, 1941, and that I last saw him alive on 1941.

Immediate cause of death: Hypertension and arterio-vascular disease

Due to

Due to

Other Conditions: Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 3 x 15 ago

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2030 Wilkens Ave Date signed 2/15/41

F 77587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Eastern Ave. & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. School House ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Pitzinger

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-12-9927

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife Mary Maria Pitzinger

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1875

8. AGE: Years 65 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Pitzinger Sr.
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Devall
15. Birthplace Unknown

16 (a) Informant Mrs. Mary M. Pitzinger
(b) Address Elkridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1941 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Grace Episcopal Cemetery
Location Elkridge Md.

18 (a) Funeral director E. Leroy Stifflar Inc.
(b) Address 125 E. North Ave. Balto.

19 (a) FEB 16 1941 (date received by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1941, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941, to 2-14 1941, and that I last saw him alive on 2-14 1941.

Immediate cause of death Pneumonia. — Duration 3 day

Due to Post operatively following Gastrectomy

Due to Duodenal ulcer — 12 day

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic gastric ulcer.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md General Hosp. Date signed 2/14/41

F 77588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 77588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Gilbert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Gilbert St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

16

3 (a) FULL NAME. Martha Sheppard
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife John Sheppard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Charles City Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mayo Robinson
13. Birthplace Charles City Va

MOTHER
14. Maiden Name Peggy ?
15. Birthplace Charles City Va

16 (a) Informant John Sheppard
(b) Address 611 N. Gilbert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/1941 (month) (day) (year)
(c) Cemetery or crematory Charles City Co. Virginia
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroder St.

19 FEB 16 1941 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1941, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1941, to Feb 15 1941, and that I last saw h[illegible] alive on Feb 15 1941.

Immediate cause of death	Duration
Valvular heart disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H Watts
Address 515 [illegible] Arlington Date signed 2/16/41

VS 3

F 77589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-3 F 77589

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St

(c) Hospital or institution: South Baltimore Genual

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimo

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1707 Covington St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adean Nixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1909

8. AGE: Years	Months	Days	If less than one day
31	6	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Franklin Lepley

13. Birthplace Balto.

MOTHER 14. Maiden Name Anna Stump

15. Birthplace Md

16 (a) Informant Hospital Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)

(c) Cemetery or crematory

Location Cumberland Md.

18 (a) Funeral director William J. Richardson

(b) Address North & Pa Aves.

FEB 16 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1941 to 2-16 1941, and that I last saw h on alive on 2-16 1941

Immediate cause of death	Duration
Cerebral embolism	
Due to auricular fibrillation	?
Due to Rheumatic Heart Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. E. Lewis M. D.

Address South Balto. Gen. Hosp. Date signed 2-16-41

F 77590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 77590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 W. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Duncan Arthur McDougall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1941

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John McDougall
13. Birthplace Scotland

MOTHER
14. Maiden Name Christine Bongar
15. Birthplace Bermuda

16 (a) Informant John McDougall
(b) Address 21 W. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Park
Location Baltimore Md.

18 (a) Funeral director H. Leonard D. Covington
(b) Address 21 W. 25th St.

FEB 17 1941 (Date rec'd by registrar) Curtis A. Tom Williamson Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1941, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1941, to Feb 15 1941, and that I last saw him alive on Feb. 15 1941.

Immediate cause of death Asphyxia means Intra cranial hemorrhage — Duration 8 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature E. P. Smith / W. A. Dodd M. D.
Address Mercy Hospital Date signed 2/15/41

F 77591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 77591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Tusting St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brenda Lee Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1940

8. AGE: Years | Months: 3 4 | Days: 19 | If less than one day: hr. min.

9. Birthplace Catonsville Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Chas. M. Smith
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Dorthy V. Bradley
15. Birthplace Md.

16 (a) Informant Chas. M. Smith
(b) Address 107 Tusting Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)
(c) Cemetery or crematory Maplewood
Location Howard Co. Md

18 (a) Funeral director Mr. Francis A. Hemsley
(b) Address 578 N. Bridge St.

19 (a) 2-17-1941 (Date received by registrar)
(b) Registrar's No.

FEB 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1941, at 8 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1941, to 2-14 1941, and that I last saw h.e.r. alive on 2-14 1941.

	Duration
Immediate cause of death: Acute Gastro-enteritis (non-specific diarrhea)	1 dy
Due to	
Due to	
Other Conditions: Upper Respiratory infection	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Musselman M. D.
Address Provident Hospital Date signed 2-17-41

F 77592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77592

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital, Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Less than 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Jenkins Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geraldine Burgess

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1939

8. AGE: Years	Months	Days	If less than one day
1	4	14 15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Bernard Knox
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Josie Burgess
15. Birthplace South Carolina

16 (a) Informant Mother
(b) Address 1200 Jenkins alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Bidde St.

19 (a) (Date rec'd by registrar) FEB 17 1941 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1941, at 3 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1941, to 2-14 1941, and that I last saw her alive on 2-14 1941.

Immediate cause of death Bronchopneumonia — Duration ? 2-10-41 to 2-14

Due to

Due to

Other Conditions Capillary hemolytic Rickets — ? 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Permission not yet obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha H. Reese M. D.
Address Sydenham Hospital Date signed 2-15-41

F 77593

F 77593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5407 Hamlet Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5407 Hamlet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2946

3 (a) FULL NAME Amelia Strauf

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Nicholas Strauf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11 - 1855

8. AGE: Years	Months	Days	If less than one day
85	11	2	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Baer
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Bopp
15. Birthplace Germany

16 (a) Informant Miss Amelia Deppel
(b) Address 5407 Hamlet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St

FEB 17 1941 (Date rec'd by registrar) Hunter & Williams Funeral

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 5 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1941, to 2-13 1941, and that I last saw her alive on 2-13-1941.

Immediate cause of death — Duration

Cerebral Apoplexy — 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C Lang
Address 2117 Belair Rd Date signed 2-15-41 (M. D.)

VS 8

F 77594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Ruckert Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Ruckert Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2903

3 (a) FULL NAME Christian E Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-5318

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Catherine E. Young
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 6 1870

8. AGE: Years	Months	Days	If less than one day
71	—	9	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business ~~Boiler Case Co~~ Continental Can Co

FATHER
12. Name Caspar Young
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Ottensass
15. Birthplace Germany

16 (a) Informant Mrs Catherine Young
(b) Address 2908 Ruckert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 44 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2020 Allendale St

19 (a) ..... (Date received by registrar) (b) Huntingtown Williamsport, Md

FEB 17 1941 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1939 to 2-15 1941 and that I last saw him alive on 2-15 1941.

Immediate cause of death	Duration
Myocardial Insufficiency	1 year
Due to Arteriosclerosis	10 years
Due to	
Other conditions Coronary Artery occlusion	10 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg M.D.
Address 2025 E Heath St Date signed 2/15/41

F 77595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77595 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Carter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 - 18 - 1869

8. AGE: Years	Months	Days	If less than one day
71	5	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Washington Bush
13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Nettie Carter Finney
(b) Address 933 Sharp Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 17 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A - A - 6 md

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 48 W. Montgomery St

19 (a) FEB 17 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12th 1941, at 7:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1st 1941 to Feb. 12 1941, and that I last saw her alive on Feb. 12 1941

Immediate cause of death	Duration
Lobar Pneumonia (type if known)	10 days
Due to	
Due to	
Other Conditions Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Cassell
Address 66 W. Baltimore Date signed 2/15/41 M. D.

77596 F 77596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Shields St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pearl M. Henson

If U.S. Veteran specify WAR

(a) Residence: No. 1109 Shields St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Chas Henson

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sophronia Stewart

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother

(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt Auburn Cemetery Date 2/18 1941

19. UNDERTAKER Chas O Wilson (Address) 100 Grantley Ave

20. FILED FEB 17 1941 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14/41

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1941, to Feb 14 1941

I last saw h[illegible] alive on Feb 13 1941. Death is said to have occurred on the date stated above, at 5.55 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Evans M. D.

(Address) 627 Lemmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 77597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 77597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 Rayner Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 Rayner Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANDREW EISENHARDT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amelia Eisenhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1864

8. AGE: Years	Months	Days	If less than one day
76	1	20	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired - Taxi Driver
11. Industry or business

FATHER
12. Name Christian Eisenhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Amelia Eisenhardt
(b) Address 2828 Rayner Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date received by local registrar) (b) [illegible] Baltimore, Md.

FEB 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1941, at 1.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1939 to Feb. 14 1941, and that I last saw him alive on Feb. 14 1941

Immediate cause of death: Aortic Stenosis — Duration 1 yr.
Due to: Chronic myocarditis — Duration
Arterio-sclerosis
Due to: senility
Other Conditions: Chronic Bronchitis — Duration 2 yr.
Secondary Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bjarth Larson-Laurion M. D.
Address 224 Bloomingdale Ave Date signed Feb. 14 1941

F 77598

F 77598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 W. Belvedere Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Emily Constantine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry C. Constantine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1886

8. AGE: Years	Months	Days	If less than one day
54	8	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Erler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Wm. Constantine
(b) Address 6300 Liberty Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 17 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1941, at 7:30 p. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14/1941, to 2/15/1941, and that I last saw h.r alive on 2/15/1941.

Immediate cause of death Cardiac Insufficiency — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tumor of unknown origin in left auricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hospital Date signed 2/15/41

F 77593 -1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 77593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Hollen Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles D Warfield

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Ella Cox Warfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1865

8. AGE: Years	Months	Days	If less than one day
76	-	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Oliver M. Warfield
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie D. Miller
15. Birthplace Maryland.

16 (a) Informant Helen Warfield
(b) Address 505 Hollen Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

FEB 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1941, at 7.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1941 to Feb 15 1941, and that I last saw him alive on Feb 15 1941.

Immediate cause of death Metastatic Ca of liver — Duration ?
Due to Site of original lesion undetermined.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Inf. Date signed 2/16/41

F 77600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 77600 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3526 Hawick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie V. Bennett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Henry E. Bennett?
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
59 64	6	1		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Charles C. Feller
13. Birthplace md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Henry E. Bennett?
(b) Address 3526 Hawick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) Huntington Hillsboro 11-0

FEB 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1941, at 11:15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1941, to Feb. 16, 1941, and that I last saw her alive on Feb. 16, 1941.

Immediate cause of death	Duration
Cardiac insufficiency	
Due to Arteriosclerotic Heart Disease	
Due to Carcinoma of gastro-intestinal tract.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of ascending colon infiltrating duodenal wall

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 2/16/41

77601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 77601

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 320 Bullington Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3622 Lehman St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry J. Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-8382

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Adelaide Lawson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1868

8. AGE: Years 72 | Months 3 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Stationary Engineer

11. Industry or business Meat Packing House

FATHER 12. Name Martin Lawson

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Byrne

15. Birthplace Ire.

16 (a) Informant Mrs. Adelaide Lawson

(b) Address 3622 Lehman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18-1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park, Location Baltimore Md.

18 (a) Funeral director George L. Lehnert

(b) Address 2101 Eutaw Pl.

19 (a) Huntington Williams, M.D. (Name to be typed or printed by registrar)

VS

MEDICAL CERTIFICATION,

20. DATE OF DEATH February 14 1941 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Feb 14 1941, and that I last saw him alive on Feb 14 1941.

Immediate cause of death Hypostatic Pneumonia

(a) Hypostatic Pneumonia Duration

Edema - Senility

Due to

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert C. Hikel M. D.

Address 2151 Mulberry St Date signed 2/15/41

F 77602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157-C F 77602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or Institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto Hampden
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 Harwyndale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Reddin Thomas Houghton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1940

8. AGE: Years	Months	Days	If less than one day
	6	12	..... hr. ..... min.

9. Birthplace Balto Md.
(town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Vernon Thomas Houghton, Jr.
13. Birthplace Pittsburgh Pa.

MOTHER
14. Maiden Name Lena Stamper
15. Birthplace Pittsburgh, Pa.

16 (a) Informant Vernon Houghton, Jr.
(b) Address 5005 Harwyndale Ave

17 (a) Removal (b) Date thereof 2-17-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Gettysburg Pennsylvania

18 (a) Funeral director Harry H. Wintzer
(b) Address 1101 E Lanvale Ave

FEB 17 1941 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16/41 19 ..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/41 19 ..., to 2/16/41 19 ..., and that I last saw him alive on 2/16/41 19 ....

Immediate cause of death
Congenital Diaphragmatic Hernia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Escoot M.D.
Address University Hosp Date signed 2/16/41

F 77603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77603 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 Homewood Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Homewood Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME W. Armour Jenkins, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Katherine Armour

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1889

8. AGE: Years 51 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa (Town, county, and state)

10. Usual Occupation Asst Personal Mgr

11. Industry or business State Health Dept

FATHER 12. Name William Armour Jenkins

13. Birthplace Balto. Co., Md

MOTHER 14. Maiden Name Louisa Willcox

15. Birthplace Pennsylvania

16 (a) Informant Mrs W. A. Jenkins

(b) Address 208 Homewood Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)

(c) Cemetery or crematory St Johns Cemetery

Location Long Green, Md.

18 (a) Funeral director H. W. Mearns Son

(b) Address 505 N. Calvert St

(Date rec'd by registrar) FEB 17 1941 (b) Signature of Registrar H. Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 11:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury

23. Signature William F. Kelsch M.D. Medical Examiner.

Date signed 2/17/41 Investigator

77604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 [a] F 77604 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE HOUSE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Covington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Luke Stroik

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-09-0142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Agnes Stroik —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
60?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired -
11. Industry or business Fireman - R.R.

FATHER
12. Name Not known
13. Birthplace Poland

MOTHER
14. Maiden Name Not known
15. Birthplace Poland

16 (a) Informant Jony Kuslinas
(b) Address 1711 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundle County

18 (a) Funeral director John J. Grebbienkoff Jr
(b) Address 423 S. Paca St

FEB 17 1941 (Date rec'd by registrar) (b) Thurston F. Hill, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/41 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 2-16-41

F 77605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 77605

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Niemann

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry E Niemann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18th. 1852

8. AGE: Years	Months	Days	If less than one day
88	2	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name enry Mielhoff
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frank Niemann
(b) Address 642 Washington Blvd.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 18th. 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover, St.

19 (a) FEB 17 1941 (Date rec'd by Registrar) (b) Thurston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1941, to 2-16 1941, and that I last saw h alive on 2-15 1941.

Immediate cause of death	Duration
Acute Heart Failure	
Due to Arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Klaps M. D.
Address 526 W. Lexington Date signed 2/17/41

F 77606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77606

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs. 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Radnor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Clarence N. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 198-10-0823

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ethyl C. Williams

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1885

8. AGE: Years 56 | Months | Days 13. | If less than one day hr. min.

9. Birthplace Lewisburg, Pa. (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Life Insurance

FATHER 12. Name Harry Williams

13. Birthplace England

MOTHER 14. Maiden Name Hannah E. Hughes

15. Birthplace Pa.

16 (a) Informant Mrs. Ethyl Williams

(b) Address 617 Radnor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Churchville, Md.

18 (a) Funeral director W. J. Emmorau

(b) Address 1003 W. Baltimore St

19 (a) Filed FEB 17 1941 Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1941, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1941 to Feb. 15 1941, and that I last saw him alive on Feb. 15 1941.

Immediate cause of death Tuberculous Abscess of Rt. Cerebral Hemisphere — Duration ?

Due to

Due to

Other Conditions Fibro-caseous Tuberculosis of Rt. Lung — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Frasier M.D.

Address Bon Secours Hosp Date signed 2-15-41

F 77607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 77607

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Catonsville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Ingleside Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Carson Wilder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married, widowed, divorced~~ Widowed

6 (b) Name of husband or wife: Stephen Hill Wilder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1875

8. AGE: Years 65 | Months 8 | Days 178 | If less than one day hr. min.

9. Birthplace Chillicothe, Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Carson
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Louise Ward
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mr. Ward Carson
(b) Address 94 S. Paint St., Chillicothe, Ohio

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. W. Lomax
(b) Address 1003 W. Baltimore St.

19 (a) (b)

Date received FEB 17 1941 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1941 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941, to Feb 16 1941, and that I last saw her alive on Feb 16 1941.

Immediate cause of death. Duration

Cerebral thrombosis

Due to Cerebral arteriosclerosis

Due to Paralized arteriosclerosis

Other Conditions Chronic cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard D. Kiser M.D.
Address Hosp. for Women Date signed 2-16-41

77608 F 77608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 E. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Nerrie G. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert M. Jones
6 (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) May 27, 1894

8. AGE: Years	Months	Days	If less than one day
46	8	2019	hr. min.

9. Birthplace Jones County, N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Elijah K. Jones
13. Birthplace N. C.

MOTHER
14. Maiden Name Eliria Gooden
15. Birthplace N. C.

16 (a) Informant Robert M. Jones
(b) Address 1736 E. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory Kinston, N. C.
Location

18 (a) Funeral director Harry N. Blight, Jr.
(b) Address 4914 Belair Road

19 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 11.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Feb 16 1941, and that I last saw her alive on Feb 16 1941.

Immediate cause of death	Duration
Carcinoma Head of Pancreas	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn
Address 102 E. Fort Ave. Date signed 2/17/41

F 77609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77609
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 Fulton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 Fulton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella R Browne

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert Browne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27. 1865

8. AGE: Years	Months	Days	If less than one day
75	10	18 22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name ? Barnum
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Dawson
15. Birthplace Md

16 (a) Informant Mrs. Clarence E. Lowman
(b) Address 1920 Wickham St.

17 (a) Burial (b) Date thereof 2/18/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1[illegible] Pratt St.

FEB 17 1941

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to Feb 15 1941, and that I last saw her alive on Feb 15 1941.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Kardaway M.D.
Address 715 W Pratt Date signed 2/16/41
M. D.

Howard Jameson M.D.

V8 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77610

F 77610

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Ellerslie Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Ellerslie Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Rev.) Judson Lorenzo Westphal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife May B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67	7	19	hr. min.

9. Birthplace Berne, N. Y.
(Town, county, and state)

10. Usual Occupation Retired Minister

11. Industry or business

FATHER
12. Name Adam Westfall
13. Birthplace Berne, N. Y.

MOTHER
14. Maiden Name Emma St. John
15. Birthplace Berne, N. Y.

16 (a) Informant May B. Westfall
(b) Address 3200 Ellerslie Ave.

17 (a) Burial (b) Date thereof 2-19-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

(a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) FEB 17 1941 (b) Huntington Williams M.D.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1941, at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Kelfield M.D.
Medical Examiner

Date signed 2/17/41

77611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A F 77611 Registered No.

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 W. University Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. University Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joher R. LeRoy

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 244-10-0810

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1884

8. AGE: Years 56 | Months 54 | Days 3 | If less than one day hr. min. 9

9. Birthplace Waterville, N. Y. (Town, county, and state)
10. Usual Occupation Operating Manager
11. Industry or business Shell Oil Co.

FATHER
12. Name Frank LeRoy
13. Birthplace New York

MOTHER
14. Maiden Name Margaret Goss
15. Birthplace New York

16 (a) Informant Mary LeRoy (wife)
(b) Address 106 W. University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Virginia

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Arlington Williams Cook Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1941, at 11:40 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1940, to 2/14 1941, and that I last saw h[illegible] alive on 2/14 1941.

	Duration
Immediate cause of death: Coronary Sclerosis with Heart Failure	1 yr.
Due to: Arteriosclerosis	?
Due to: Chronic Nephritis	1 yr.
Due to: Arteriosclerosis	
Other Conditions: Chronic Sinusitis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Fisher M. D.
Address 18 E. Eager St. Baltimore Date signed 2/15/41

F 77612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 Valley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Le Vegue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife Leon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5. 1886

8. AGE: Years	Months	Days	If less than one day
54	6	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Caspar Kampermann

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Schultes

15. Birthplace

16 (a) Informant J. R. Luckey Sr

(b) Address 3206 Echodale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard F. Pack

(b) Address 530 E Hartford Rd

FEB 17 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1941 at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1941 to 2/15 1941, and that I last saw h[illegible] alive on 2/15 1941.

Immediate cause of death Cardiovascular disease Arteriosclerotic — Duration several years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address 1304 E Chase Date signed 2/16/41 M. D.

VS 3

Howard J. Andersen M.D.

2116 W Pratt

77613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77613 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b). County —
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2318 Mosher St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ida Ricktor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Samuel G Ricktor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 31-1861

8. AGE: Years 79 | Months 10 | Days 14/15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Waltz
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Kenny
15. Birthplace Md

16 (a) Informant Mrs. Margaret Blake
(b) Address 2318 Mosher St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Geo. F. Beyer Jr.
(b) Address 1512 Hollins St.

19 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1941, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1938, to 2/15 1941, and that I last saw h[illegible] alive on 2/15 1941.

Immediate cause of death	Duration
Congestive Heart Failure	2 hrs
Due to	
Due to Coronary Heart Disease	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury

23. Signature Edward S. Watkins
Address 2116 W. Pratt St Date signed 2/19/41

F 7614

HEALTH DEPARTMENT—CITY OF BALTIMORE

7614

CERTIFICATE OF DEATH 186-a

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Appel If U. S. Veteran specify WAR

(a) Residence: No. 3902 Huntington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Sara Appel

6. DATE OF BIRTH (month, day, year) 7/6/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Appel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME —— Hanzie

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2-19-41

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

FILED 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1941, to 2-16, 1941

I last saw him alive on 2-16, 1941 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	2-11
Basilar skull fracture	2-11
FRACTURE, 4th CERVICAL VERTEBRA	2-11

Other contributory causes of importance:

HYPERTENSION

GENERALIZED ARTERIOSCLEROSIS

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-16, 1941

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Ascending flight of steps in cellar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Wallenstein M. D.

(Address) 1139 H.

Howard Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 59

F 77615
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Hall Allen Birth F 23162

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/9/41

8. AGE: Years | Months | Days 7 days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hall Allen
13. Birthplace Emmitsville, Va.

MOTHER
14. Maiden Name Edith Dougherty
15. Birthplace Charlestown, W. Va.

16 (a) Informant Hall Allen
(b) Address 209 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (c) FEB 17 1941 (Date rec'd by registrar) (Signature of registrar) Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15/41 19 to 2/15/41 19, and that I last saw h[illegible] alive on 2/15/41 19.

Immediate cause of death Prematurity Hemolytic Anemia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ellicott M. D.
Address University Hospital Date signed 2/15/41

F 77616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77616 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~XXX~~ 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422½ Myrtle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MADDEN John Maddox (61392)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-9991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1890

8. AGE: Years	Months	Days	If less than one day
50	10	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name John Maddox
13. Birthplace Md.

MOTHER
14. Maiden Name Kattie Miles
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R Williams
(b) Address 322 N Schroeder St.

19 FEB 17 1941 (Date received by registrar) (b) Katie R Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1941, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29, 1940, to Feb. 13, 1941, and that I last saw him alive on Feb. 13, 1941.

Immediate cause of death Bilat. cavernous tbc of lungs — Duration 1 yr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 2-14-41

F 77617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 77617

Registered No.

cc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1876

8. AGE: Years	Months	Days	If less than one day
64	5	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Levi Cornish
13. Birthplace Md.

MOTHER 14. Maiden Name Agnes ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn cemetery
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) FEB 17 1941 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941 to 2-15 1941, and that I last saw her alive on 2-14 1941.

Immediate cause of death	Duration
Carcinoma of left breast c metastases	1½ yrs.?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney W. Ickert Jr. M.D.
Address Baltimore City Hosp. Date signed 2-18-41

77618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 77618

106-C Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness of this is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Universital Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Burgundy St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Scott

Birth F 17590

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1940

8. AGE: Years	Months	Days	If less than one day
0	3	0	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Walter Thomas
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosalie Saunders.
15. Birthplace Virginia

16 (a) Informant Rosalie Scott
(b) Address 502 West Conway St

17 (a) Burial (b) Date thereof Feb 17 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore Co Maryland

18 (a) Funeral director Joseph A. Lyncky
(b) Address 409 North Monroe Street

(a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/1941 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1941, to 2-14 1941, and that I last saw h[illegible] alive on 2-13-41 19

Immediate cause of death Circulatory Failure

Due to Laryngeal Tracheitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Rose Mus M. D.
Address Univ Hosp Date signed 2-14-41

✓ F 77619

F 77619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 77619

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 N^th Bond st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N^th Bond st (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME James F Chew.

3 (b) If veteran, name war World | 3 (c) Social Security Account No. 219-01-2826

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rosetta Chew
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10-2-1896

8. AGE: Years 44 | Months 4 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Chew
13. Birthplace Md.

MOTHER
14. Maiden Name Alberta Butler
15. Birthplace Md.

16 (a) Informant Irene Lee
(b) Address 917 N^th Bond st.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) 19 (Date received by registrar) (Huntington Williams, M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 12.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1941, to 2/15 1941, and that I last saw h~~i~~m alive on 2/15 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 2/14/41

Due to Hypertension

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Allen A Jackson M. D.
Address 822 N Bond St Date signed 2/17/41

F 77620

77620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77620

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 South Payson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Milton KRAUSS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Hiltner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 31, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Brush burl maker
11. Industry or business

FATHER
12. Name William C. Krauss
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Arundle,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Feb 18, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road
(a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1941, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1941, to Feb. 15, 1941, and that I last saw him alive on Feb. 15, 1941.

Immediate cause of death: Chronic pulmonary tuberculosis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address US Marine Hospital Date signed 2/7/41
Baltimore, Maryland.

F 77621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77621 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2433 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. P. Wallace

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C	Widowed

6 (b) Name of husband or wife Joseph Wallace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-1889

8. AGE: Years	Months	Days	If less than one day
51	2	21	hr. min.

9. Birthplace Balto Md. (town, county, and state)
10. Usual Occupation Personal Maid
11. Industry or business

FATHER
12. Name William Phillips
13. Birthplace Va.

MOTHER
14. Maiden Name Hannie Madden
15. Birthplace Md.

16 (a) Informant Sadie Ross
(b) Address 2433 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto Md.

18 (a) Funeral director Batson-Thomas-Wright
(b) Address 1218 McElderry St

19 (a) FEB 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 14th 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. — 1940, to Feby 14, 1941, and that I last saw h[illegible] alive on Feby 13th 1941.

Immediate cause of death	Duration
Myocarditis	1 yr
Due to Pneumonia	
Due to Angina Pectoris	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. N. Magruder M. D.
Address 1 H. E. Road St Date signed 2-17-41

F 77622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 F 77622 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 N Mathews St (If rural give location) ST MATHEWS
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lee Carey Birth F 21914

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 8 - 1941

8. AGE: Years	Months	Days	If less than one day
	1	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Winston Carey
13. Birthplace Warren Co. Va

MOTHER
14. Maiden Name Helen Killbrew
15. Birthplace U. S.

16 (a) Informant Helen Carey
(b) Address 1423 N. Mathews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Bryant Mamie K. Knight
(b) Address 121 N. C & Lemmon St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

VS 6 17 41

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1941, at 7:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Status Thymicus

	Duration
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly M.D. Medical Examiner.
Date signed 2-17-41

77623 CC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77623 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Newkirk st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Templin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	F	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	19 10	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Manuel
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Stephens
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem.
Location Balto Md
18 (a) Funeral director Philip Henry Lind
(b) Address 2024 Eutaw St
19 2-17 1941 (Date filed by registrar) Hunting H. Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12-1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8-1928 to 2-13-1941, and that I last saw h[illegible] alive on 2-13-1941.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Gen. A-S.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto City Hosp. Date signed 2-14-41 M. D.

F 77624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77624

CERTIFICATE OF DEATH

33a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 E Eutaw St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1026 E Eutaw St., Ward 55 249-01-1303

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Jones

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Maggie Jones

(Address) 1026 E Eutaw St

18. BURIAL, CREMATION OR REMOVAL

Place: Mt Lebanon Date: 2/19 19 41

19. UNDERTAKER: Walter P Boyd & Son

(Address) 758 W Lanvale St

20. FILED FEB 17 1941 Registrar for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/15/41

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 19 41 to Feb 15 19 41

I last saw him alive on Feb 14 19 41 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance are as follows:

	Duration of disease
Bronchopneumonia	3 days
Other contributory causes of importance:	
Senility	4 years

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard D Evans M. D.

(Address) 1026 E Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 77625 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Kennedy Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George L. Jones.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 6. 1884

8. AGE: Years	Months	Days	If less than one day
56	3	8 9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James E. Smith
13. Birthplace

MOTHER
14. Maiden Name Annie E. Wright
15. Birthplace Md

16 (a) Informant George L. Jones
(b) Address 2804 Kennedy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Jm. Mus. John W. Geufel & Son
(b) Address 801 W. Fayette St

FEB 17 1941 (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 5 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1940 to Feb 15 1941.
and that I last saw h[illegible] alive on Feb 15 1940.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)
Due to Hypertension
Due to Nervous Strain
Other Conditions
(Include pregnancy within 3 months of death)

Duration 3 hrs

Major findings:
Of operations ?
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. S. Zimmerman
Address 2858 Hartford Rd Date signed 2/14/41 M. D.

F 77626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 153

F 77626 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument E
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Whitelock Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Potts
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Louis M. Potts
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) 10-20-1894
8. AGE: Years 46 Months 3 Days 26 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Simon Brenner
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Glaser
15. Birthplace Russia

16 (a) Informant Louis M. Potts
(b) Address 2214 Whitelock
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)
(c) Cemetery Herrem Friendship Cemetery
Location Balto + Curtain
18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Baltimore St
19 (a) Filed (Date received by Registrar) FEB 17 1941 (b) Registrar Hunter a Tor Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16/41 19 , at 5:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941 to Feb 16 1941, and that I last saw her alive on Feb 16 1941.

	Duration
Immediate cause of death: Cardio resp failure	
Due to: Toxemia	
Due to: Pemphigus	9 mos
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton Shorey M.D.
Address 11 E. Chase St Date signed 2/16/41

F 77627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 77627 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Garrison St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3 2 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 N. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Sinons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: N

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Davy Sinons

6 (c) If ~~dead~~, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Jonas Hallander

13. Birthplace Riga

MOTHER 14. Maiden Name Freda Clark

15. Birthplace Riga

16 (a) Informant Husband

(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Har Sinai

Location Philada Rd

18 (a) Funeral director Jack Louis Lee

(b) Address 1496 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941, to Feb 15 1941, and that I last saw her alive on Feb 15 1941.

	Duration
Immediate cause of death Hemmorhage from rectum	
Due to Cause unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse N Bordin M. D.

Address Sinai Hospital Date signed 2/15/41

F 77628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-G Registered No. F 77628

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin McKee Birth F 70383

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Infant.

6 (b) Name of husband or wife —

November 29 — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1940

8. AGE: Years | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Jerry McKee
13. Birthplace Va.

MOTHER
14. Maiden Name Rosa Parker
15. Birthplace Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. L. Mears

19 (Signature of Registrar) FEB 12 1941 Huntington Williams, M.D. Registrar

6278

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1941, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 2-14 1941, and that I last saw him alive on 2-14 1941.

Immediate cause of death Circulatory Failure — Duration 2

Due to Acute Dehydration

Due to Malnutrition Formula Co-2. Obstruction (congenital)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature pfhora M. D.
Address Univ Hosp. Date signed

77629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 77629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrows Pt - Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Jones Creek Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Willinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-41

8. AGE: Years | Months | Days | If less than one day 8 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lester Martin

13. Birthplace Md

MOTHER 14. Maiden Name Rita Willinger

15. Birthplace Md

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director

(b) Address

19 (a) FEB 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

C281

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12- 1941, at 3H 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1941, to 2-12 1941, and that I last saw him alive on 2-12- 1941

Immediate cause of death Prematurity

Due to

Due to

Other Conditions Intracranial Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack M. D.

Address Johns Hopkins Date signed 2-13-41

F 77630 63525 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

Registered No. F 77630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 613 S. Fremont Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1886

8. AGE: Years	Months	Days	If less than one day
54	11	3	..... hr. ..... min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Sam Williams

13. Birthplace Georgia

MOTHER

14. Maiden Name Ann

15. Birthplace Georgia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory

Location [illegible] MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 [illegible] Washington Williams

(Date received by registrar) FEB-17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1941, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941, to 2-13 1941, and that I last saw h[illegible] alive on 2-13 1941.

	Duration
Immediate cause of death: Uremia	5 days
Due to: Urinary retention	5 days
Due to: urethral stricture probably gonorrheal in origin	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Zekkoff Jr. M. D.

Address Baltimore City Hosp. Date signed 2-13-41

VS FEB-17 1941

77631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 77631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR FINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.)
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Barksdale Birth F 74356

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/41

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace 1627 Madison Ave. Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Barksdale
13. Birthplace Halifax, Va.

MOTHER 14. Maiden Name Annette Thomas
15. Birthplace Abbeyville, S. C.

16 (a) Informant Annette Barksdale
(b) Address 1015 Linden Ave. Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per W. A. Moore

19 (a) FEB 17 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar No. 279

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1941 to 12/14 1941, and that I last saw her alive on 12/14 1941

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. S. Scott M. D.
Address University Hosp. Date signed 2/14/41

77632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 77632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Ellwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hopper — Birth F 23948

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Newborn

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1941

8. AGE: Years	Months	Days	If less than one day
			8 hr. 50 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business

FATHER
12. Name Irwin Arthur Hopper
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Rebecca Dulcie Boone
15. Birthplace Franklin County North Carolina

16 (a) Informant Mrs. Irwin Arthur Hopper
(b) Address 30 N. Ellwood St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per W. A. Moore

19 (a) FEB 17 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

6283

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1941, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1941, to Feb. 13 1941, and that I last saw her alive on Feb 13 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block, M. D.
Address Sinai Hosp Date signed 2/15/41

22484

77633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-P

22466

Registered No. F 77633

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hosp. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Same
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Wallace Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY HOPKINS Birth F 22484

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19. 1941

8. AGE: Years | Months | Days: 17 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Lemmon Hopkins
13. Birthplace Glaucester Co.

MOTHER
14. Maiden Name Ruth Hazen
15. Birthplace New York Co. 4

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address
Per H. A. Kemp

19 (a) FEB 17 1941 (Registrar's signature) Huntington Williams M.D. C.H.O.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941, to Feb 5 1941, and that I last saw her alive on Feb 5 1941.

Immediate cause of death: carcinomatosis abdominalis ? Ovarian — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard C. Taylor Jr. M. D.
Address 1039 N Eutaw St. Date signed 2/4/41

77634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a V

Registered No. F 77634

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Crawley

Butler F 23125

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1941

8. AGE: Years	Months	Days	If less than one day
—	—	7	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name William Parish
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Crawley
15. Birthplace Maryland

16 (a) Informant Florence Crawley
(b) Address 1113 N. Wolfe St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1941
Commissioner of Health
18 (a) Funeral director Per M. A. Moore
(b) Address Huntington-Williams Mortuary
19 FEB 17 1941 (b) Registrar's Signature

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1941 at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1941 to 2/11 1941 and that I last saw him alive on 2/11 1941.

Immediate cause of death — Duration

Intracranial hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Hellman, M.D.
Address Johns Hopkins Hospital Date signed 2/12/41 M. D.

77635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 154

F 77635 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Baby "Randolph" (WT. 1150 gms) Birth # 23403

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-41

8. AGE: Years — Months — Days — If less than one day 3 hr. 12 min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: None

FATHER
12. Name: Milton Randolph
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Dorothy Fredericks
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (Signature and title of local registrar) FEB 17 1941 Huntington Williams M.D. Registrar

0576

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1941, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1941 to Jan. 18 1941, and that I last saw h. alive on Jan. 18 1941.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Zollman, M.D. M. D.
Address Johns Hopkins Hospital Date signed 2/13/41

77636 OF 62702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 77636
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARRON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Sniadak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1877

8. AGE: Years	Months	Days	If less than one day
63	7	27	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Stanley Sniadach
13. Birthplace Poland

MOTHER
14. Maiden Name Anthonett
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 461 S. Chester Street

19 (a) (Date rec'd by registrar) (b) (Registrar)
FEB 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1941, at 8:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941 to 2-15 1941, and that I last saw him alive on 2-15 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis ?	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploration Laboney 1-20-41 No positive pathology
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 2-15-41

F 77637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 77637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address XXXXXXXXXXXXXXX
(c) Hospital or institution: St. Joseph's Hospital 67
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

3 (a) FULL NAME MICHAEL JOSEPH O'NEIL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	male	white	widowed

6 (b) Name of husband or wife Ermina E. O'Neil
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	2	23		

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Conductor + retired
11. Industry or business B. & O. R.R.

FATHER
12. Name Charles O'Neil
13. Birthplace Ireland

MOTHER
14. Maiden Name Anastasia Murphy
15. Birthplace Ireland

16 (a) Informant Mr. Robert Emmett O'Neil (Son)
(b) Address 43 Shipway Dundalk Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18. 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 FEB 17 1941 (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8- 1941, to 2-15-1941, and that I last saw him alive on 2-15- 1941.

Immediate cause of death Arteriosclerosis (and Cerebral changes due to above) — Duration

Due to

Due to

Other Conditions Pulmonary Infarct of Left lung base. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson Jr M. D.
Address St. Joseph's Hosp. Date signed 2-15-41

VS 8

77638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 77638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Colletti Birth F 0867

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Sin
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/18/1940
8. AGE: Years | Months: 9 10 | Days: 28 | If less than one day: hr. min.
9. Birthplace Balt Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Vincent Colletti
13. Birthplace Balt

MOTHER
14. Maiden Name Dorothy SLEEMAN
15. Birthplace Balt

16 (a) Informant Mr. Colletti
(b) Address 1808 W Lombard St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd
18 (a) Funeral director Robert Bernard Olson
(b) Address Calhoun & Hollins Sts
19 (a) FEB 17 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1941, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1941, to 2-16 1941, and that I last saw h[illegible] alive on 2-15 1941.

Immediate cause of death: Diarrhea & dehydration — Duration:
Due to:
Due to:
Other Conditions: Petechial Hemorrhages - cutaneous
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S W Parks M.D.
Address St Agnes Date signed 2/16

VS 3

77639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE 31
(e) Length of stay in Baltimore (yrs., mos., or days) Life days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Chelsea Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUISE WATSON MARKERT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	SEPARATED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 12, 1909

8. AGE: Years	Months	Days	If less than one day
31	7	3	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name WM. H. WATSON
13. Birthplace WASHINGTON, D.C.

MOTHER
14. Maiden Name DORA PEFFERMAN
15. Birthplace BALTIMORE, MD

16 (a) Informant Miss Sadie Watson
(b) Address 2109 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director E. LeRoy Sleffle
(b) Address 125 E. Monument Huntington Williams

19 (a) (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 15 1941, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 14 1941, to FEB 15 1941, and that I last saw h s r alive on FEB 15 1941.

Immediate cause of death: Bronchopneumonia — Duration 5 days
Due to: Post-operative Thoracoplasty
Due to:
Other Conditions: Diffuse Pulmonary Tuberculosis — 6 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Pulm. tbc.
Of autopsy: Pulm. tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Markert Jr. M. D.
Address Union Memorial Hospital Date signed 2-15-41

FEB 17 1941

77640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 W. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 W. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT TURNER.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0713

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Clarke Co, Kentucky (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Royal Turner
13. Birthplace Kentuckey

MOTHER
14. Maiden Name Louise Banks
15. Birthplace Kentucky

16 (a) Informant Mrs Elsie Brent
(b) Address 912 W. Carrollton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

FEB 17 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1941, at 10:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeier M.D.
Medical Examiner.

Date signed 2-15-41

77641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-e F 77641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS REQUIRED TO REPORT DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Bloomsbury ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME John Sinclair Baldwin

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Lizzie Jones
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 1865

8. AGE: Years 75 | Months 9 | Days | If less than one day: hr. min.

9. Birthplace Piney Woods Md (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name John T. Baldwin
13. Birthplace England

MOTHER
14. Maiden Name Jane
15. Birthplace England

16 (a) Informant Lizzie Baldwin
(b) Address 111 Bloomsbury ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Edw J Mac Hoffa
(b) Address Catonsville Md

19 (a) FEB 17 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1941, at 12 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941, to Feb 17 1941, and that I last saw him alive on Feb 16 1941.

Immediate cause of death: Lobar Pneumonia rt upper & lower lobes — Duration

Due to

Due to

Other Conditions: Arteriosclerosis - generalized Central Nervous System Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneumonia - rt. Generalized Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Mose M. D.
Address St. Agnes Hosp. Date signed 2/17/41

F 77642

F 77642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Eugene ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? no. years

3 (a) FULL NAME James Buettner
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-01-3539

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1888

8. AGE: Years	Months	Days	If less than one day
52	6	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name Jacob Buettner
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalena Finck
15. Birthplace Balto. Md.

16 (a) Informant Mollie Buettner.
(b) Address 5010 Eugene Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M. Frisch Son
(b) Address 811 N Eutaw St

19 (a) FEB 18 1941 (b) Huntingtown Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1941, at 9:48 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1941 to 2-15 1941, and that I last saw h[illegible] alive on 2-15 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to Arteriosclerotic C-V-D.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hoffman Jr. M. D.
Address St. Agnes Hosp. Date signed 2-15-41

F 77643

Astarita

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 77643 Registered No.

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 N. Duncan Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Asterita

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	M

6 (b) Name of husband or wife Anthony

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Peter De Costello
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabet Conti
15. Birthplace Italy

16 (a) Informant Anthony Astrita
(b) Address 631 N Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Geo M. Trail & Son
(b) Address 811 N Howard St

19 (a) (Date received by registrar) (b) Huntington Hollins M.D. Registrar

FEB 18 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1941, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to Feb. 16 1941, and that I last saw h alive on Feb 16 1941.

Immediate cause of death Pulmonary Embolism (?) — Duration 16 hrs

Due to: ? Embolism from Calf veins

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb 7. 1941

Major findings of operation: Cholecystitis & Cholelithiasis — Chronic appendicitis

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold A. Strauch M. D.

Address Sinai Hosp Date signed 2-16-41

F 77644

F 77644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice E. Ryan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband ~~or wife~~ John T. Ryan
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) May 26th 1856

8. AGE: Years ~~Se~~ 75 | Months 8 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Unknown Bond
13. Birthplace Balto Md.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm James Farr
(b) Address 522 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul st

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1941, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1938, to Feb 16 1941, and that I last saw h[er] alive on Feb 16 1941.

Immediate cause of death
Chronic myocarditis
Cardio-Vascular-Renal —
Due to arterio-sclerosis

Duration
Feb 16/38
Feb 16/38
10yrs.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Krumrine M. D.
Address 722 N. Glenwood Ave Date signed Feb 17/41

VS 3

F 77645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

Registered No.

F 77645

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Cheseborough

3 (b) If veteran, name war: no

3 (c) Social Security Account No. not

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Harry Cheseborough

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1868

8. AGE: Years 72 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Home for Aged

FATHER
12. Name Lewis H. Woodward
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden Name Elizabeth Arthur
15. Birthplace Balto. Md.

16 (a) Informant Records Home for the Aged of the M. E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1941, at 7:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Feb. 16 1941, and that I last saw her alive on Feb. 16 1941.

Immediate cause of death: Chr. Myocarditis

Due to:

Due to:

Other Conditions: Chr. Nephritis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo E. Hammond M.D.

Address 208 N. Fulton Ave Date signed 2/17/41

F 77646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √83-a

F 77646 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Henry McInnes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Everlolva
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-1890

8. AGE: Years	Months	Days	If less than one day
50 & 1	8	-	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER 12. Name James McInnes
13. Birthplace Maryland

MOTHER 14. Maiden Name Henrietta —
15. Birthplace Maryland

16 (a) Informant Everlolva McInnes
(b) Address 600 S Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A-A-60-Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 408 W Montgomery St

FEB 18 1941 (Date received by Registrar) Justin [illegible] M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1941 to Feb 15 1941, and that I last saw h[illegible] alive on Feb 14 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 24 Days 4 days 8 months

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Stewart M.D.
Address 628 W Franklin Date signed Feb 17

F 77647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 12-F 77647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co., Md.
(c) City or town Jessups,
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Otis

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1904

8. AGE: Years 37 | Months 36 | Days 1 | If less than one day: hr. 14 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation U. S. Government

11. Industry or business

FATHER
12. Name Isaac L. Otis
13. Birthplace Virginia

MOTHER
14. Maiden Name Agusta Smith Mabel Stahl
15. Birthplace New Jersey Maryland

16 (a) Informant Mrs. Mabel S. Otis
(b) Address Jessups, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1941, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1941, to 2-17 1941, and that I last saw him alive on 2-17 1941.

Immediate cause of death: Staph. Aureus Septicemia — Duration: 1 wk

Due to: Bilateral Pyonephrosis — 1 mon

Due to: Congenital Bilateral Valve of Ureter, Kidneys

Other Conditions: Thrombus Inf. Vena Cava. Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Left Inguinal Hernia. Nephrectomy Left.
Of autopsy: Thrombus in Vena Cava

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Buck M. D.
Address University Hosp. Date signed 2-17-41

F 77648

BALTIMORE CITY HEALTH DEPARTMENT X 45-C

CERTIFICATE OF DEATH

F 77648 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5706 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town nr. Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE PEPPLER

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 110-10-5045

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Esther Peppler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1, 1880

8. AGE: Years	Months	Days	If less than one day
60	3	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Lilly Tulip Corporation

FATHER
12. Name George Peppler
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Rose Fleister
15. Birthplace Maryland

16 (a) Informant John Ray Peppler
(b) Address 3334 Elmsley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 FEB 18 1941 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1941, to 2/16 1941, and that I last saw h[illegible] alive on 2/16/41 19[illegible] 2 P M

Immediate cause of death — Duration

Genital Carcinomatosis
Due to Involving bones
Due to Probable origin ovary Mucous membrane mouth 2 yrs
Other Conditions Squamous cell carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Wheaton M. D.
Address 4309 York Rd Date signed 2/17/41

VS 8 (over) (over)

77649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Paul + 33rd Sts
(c) Hospital or institution: Wm. Becks Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E. 20th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEILA S. ALLNUTT

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Howe S. Allnutt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 5, 1865

8. AGE: Years 75 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace: A. A. Co., Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Wm. B. Scrivener
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Sarah Barbour
15. Birthplace: Unknown

16 (a) Informant: Mr. James J. Allnutt
(b) Address: 103 W. 39th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) (Date received by Registrar) (b) [illegible] Registrar

FEB 18 1941
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1941, at 2:53A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941 to Feb 17 1941, and that I last saw h[illegible] alive on Feb 17 1941.

Immediate cause of death	Duration
Cerebral Thrombosis & Complete left side paralysis	1 wk
Due to	
Due to	
Other Conditions Chronic myocarditis & Chronic Arteriosclerosis (Include pregnancy within 3 months of death)	4 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Nathaniel M. Beck, M. D.
Address 2727 N. Charles St Date signed Feb 18 1941

F 77650 Foot

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77650

161-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-0-0
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Linor ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Foot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-14-1941

8. AGE: Years	Months	Days	If less than one day
		1 2	hr. min.

9. Birthplace Towson Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eugene L. Foot
13. Birthplace Sutherville Md

MOTHER
14. Maiden Name Sylvania Weems
15. Birthplace Sutherville Md

16 (a) Informant Sylvania Foot
(b) Address 320 Linor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Emma Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1941, at 6 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Atelectasis Neonatorum	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Mossman M.D.
Medical Examiner.

Date signed 2-17-41

F 77651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 77651

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Glyndon, near Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? Don't Know years

3 (a) FULL NAME Annie Shaffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry H. Shaffer

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 26, 1863

8. AGE: Years 77 | Months 7 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name James McKee
13. Birthplace Ireland

MOTHER
14. Maiden Name Nancy Riley
15. Birthplace Ireland.

16 (a) Informant Mary. Shaffer
(b) Address Reisterstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Friedens Cemetery
Location Westminster

18 (a) Funeral director Wm. Berry May & Son
(b) Address Reisterstown, Md.

FEB 18 1941 (Date received by registrar) (b) ____ Registrar

VE 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1941, to 2-17 1941, and that I last saw her alive on 2-17 1941.

Immediate cause of death: Renal Failure — Duration: 72 hrs

Due to: ____

Due to: ____ — Duration: Uremia

Other Conditions: Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature H. A. Brill M. D.
Address University Hospt Date signed 2-17-41

F 77652

cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a F 77652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

19

3 (a) FULL NAME Betty Dillard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65 ?			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Webster
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucy ?
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 19 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Local registrar) (b) Katie R. Williams, M.D. Registrar

FEB 19 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1941, at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941, to 2-16 1941, and that I last saw her alive on 2-15 1941.

Immediate cause of death	Duration
Carcinoma of the ovary c metastases	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehret Jr. M. D.
Address Baltimore City Hosp. Date signed 2-17-41

F 77653 Bowers

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 83-a F 77653

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Madison St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Keziah Bowers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1712 Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Bowers

6. DATE OF BIRTH (month, day, year) Mar 6, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Arthur

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Nellie Bowers
(Address) 1712 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 2/18 19 41

19. UNDERTAKER Thos. E. Nelson
(Address) 1303 E. Fayette St.

FEB 18 1941 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1941

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1941 to 2/15 1941

I last saw her alive on 2/13 1941. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
+ Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Means of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ben Kleeth, M. D.

(Address) 1429 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 77654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77654

CERTIFICATE OF DEATH ✓ 33-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Towson Hg 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs 8 mos 25 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Elsie Ballard

If U. S. Veteran specify WAR _____

(a) Residence: No. ~~703 Towson~~ 908 Mosher Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): May 10, 1906

7. AGE: Years 34 | Months 9 | Days 25 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month, day, year): 4/19/41

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Ernie Ballard

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lanna Randall

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lanna Miller

(Address) 703 Towson Hg

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date 2-19, 1941

19. UNDERTAKER: Thomas A. Hensley

(Address) 573 W. Lexington St.

20. FILED FEB 18 1941 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/15/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/41, 19 to 2/15/41, 19

I last saw h[illegible] alive on 2/15/41, 19 Death is said to have occurred on the date stated above at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 3/4/41 Date of onset

Other contributory causes of importance: Following are all work in the Surgery

Was operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH INKE. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 8

F 77655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 77655
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 BRENDAN (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Svatey

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-9704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHT.	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) OCTOBER 23, 1922

8. AGE: Years	Months	Days	If less than one day
18	3	24	23 hr. min.

9. Birthplace POTTS TOWN - PENNSYLVANIA (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business DRUG STORE

FATHER
12. Name ANDREW SVATEY
13. Birthplace SHPEKOV, RUSSIA

MOTHER
14. Maiden Name MARY SREIN
15. Birthplace SERBIA

16 (a) Informant ANDREW SVATEY
(b) Address 3101 BRENDAN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/19/1941 (month) (day) (year)
(c) Cemetery or crematory HOLY TRINITY RUSSIAN CEM.
Location LINTHICUM Hgts - A.A. COUNTY, MD.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. NORTH AVE

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1941, at 4:45a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/1941 to 2/16/1941, and that I last saw her alive on 2/16/1941.

Immediate cause of death Miliary Tuberculosis — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 2/16/41

7 7765 6
F 7765

HEALTH DEPARTMENT—CITY OF BALTIMORE

7 7765 6 945 N. Balt. St.
7765

CERTIFICATE OF DEATH

96

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2431 Lanvitta Ave St. 20 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Wilhelm Leitner

If U. S. Veteran specify WAR

(a) Residence: No. 2431 Lanvitta Ave St., Ward. No. 55 Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Lisafeld

6. DATE OF BIRTH (month, day, year) Oct - 13th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Friedrich Leitner

14. BIRTHPLACE (City or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Wilhelm Leitner
(Address) 2431 Lanvitta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: 2/20/41 19

19. UNDERTAKER: Chas. Weber & Son
(Address) 2502 Edmondson Ave

FEB 18 1941 19 Hunter Van Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1940, to 2/17, 1941

I last saw h/her alive on 2/17, 1941. Death is said to have occurred on the date stated above, at 12 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta	2 yrs ago
	1941

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify SHANAHAN

(Signed) Wm. H. Shanahan, M. D.

(Address) 1716 N. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 2

F 77657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77657 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. — Jennings Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RICHARD CHANNING JENIFER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-16-9023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Margaret Thaxton
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1916

8. AGE: Years	Months	Days	If less than one day
24	2	8	hr. min.

9. Birthplace Baltimore County, Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business machinery

FATHER
12. Name H. Courtney Jenifer
13. Birthplace Balt. County, Md

MOTHER
14. Maiden Name Ilma Wasserburg
15. Birthplace Balt. County Md

16 (a) Informant Father H. C. Jenifer
(b) Address Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart & Bowen
(b) Address 108 W Fayette

19 (a) (Date received by Registrar) FEB 18 1941 (b)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 1:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Heat stroke — Duration
Due to Sewer therapy (therapeutics)
Due to Chronic Ulcer, Leg
Other Conditions undetermined

(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-17-41
(c) Where did injury occur? Johns Hopkins Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Falls (Specify type of place) While at work? no
(e) Means of injury therapeutic procedure

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed

F 77658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 F 77658 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elvia Marshall Wheeler

3 (b) If veteran, name war -

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Randolph

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) March 23 1905

8. AGE: Years	Months	Days	If less than one day
35	10	23	hr. min.

9. Birthplace Caroline Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Latney
13. Birthplace Caroline Co. Va.

MOTHER
14. Maiden Name Julia Young
15. Birthplace Caroline Co. Va.

16 (a) Informant Goldie Grey (Niece)
(b) Address 2230 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l Pk.
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 FEB 18 1941 (Date received by Registrar) Hunting von Tobiguera, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-1- 1941 to Feb 15 1941 and that I last saw her alive on Feb 15 1941.

Immediate cause of death

Due to Pyelo nephritis

Due to

Other Conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy None

Duration
?
-

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S B Hughes

Address 1413 Druid Hill Ave Date signed 2/17/41

F 77659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-8

F 77659

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 West Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME MARY B. PRETTYMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1893

8. AGE: Years 48 | Months 0 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Howard Co, Maryland (Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business

FATHER
12. Name: Willis Allen
13. Birthplace: Howard Co, Maryland

MOTHER
14. Maiden Name: Mary Marshall
15. Birthplace: Howard Co, Maryland

16 (a) Informant: Earl Allen (B)
(b) Address: 937 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory: West Liberty Cemetery
Location: Alpha, Md

18 (a) Funeral director: Charles G. Hofer
(b) Address: 514 N. Calhoun St.

19 (a) FEB 18 1941 (Date received by Registrar) Municipal Hillmeyer M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 8:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Shock	
Due to: Hemorrhage internal	
Due to: Abscess - duodenum	
Other Conditions: Syphilis, latent tertiary (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-15-41
(c) Where did injury occur? 2139 Elmwood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? automotive While at work? no (Specify type of place)
(e) Means of injury Hemorrhage duodenal

23. Signature Jr Z Wollenweber M.D. and Medical Examiner.

Date signed 2-18-41

F 77660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-B

F 77660 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 N. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Lynn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1870

8. AGE: Years	Months	Days	If less than one day
70	1	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Gertrude Brown
(b) Address 1227 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mich. P. Elliott & Sugnite
(b) Address 1129 N. Caroline St

19 (a) FEB 18 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1941, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Feb 14 1941, and that I last saw h[illegible] alive on Feb 13 1941.

Immediate cause of death, Central intestinal obstruction — Duration 4 days
Due to Fibromatosis uteri
Due to
Other Conditions Mitral insufficiency and Hemorrhagic Toxemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 2/17/41 1429 E. Madison St Date signed

F 77661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 77661

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1349 Sargeant St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Sargeant St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virgie A. Graham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Graham
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Apr 29. 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	9	18		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Henry A. Stepp.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ava Wakeland.
15. Birthplace Md.

16 (a) Informant William Graham
(b) Address 1349 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mrs. Geo. John W. Teufel & Son
(b) Address 801 W. Lexington St. Baltimore, Md.

19 FEB 18 1941 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1940, to Feb. 16 1941, and that I last saw her alive on Feb. 16 1941.

Immediate cause of death Exhaustion — Duration 1 day
Due to Carcinoma of Uterus (Probably)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. O. Campbell M. D.
Address 1644 Hanover St Date signed 2-18-41

F 77662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77662 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 E. 25th St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John S. Deale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Annie Vail
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16, 1856

8. AGE: Years	Months	Days	If less than one day
84	2	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John S. Deale
13. Birthplace

MOTHER
14. Maiden Name Sarah Buckmaster
15. Birthplace

16 (a) Informant Adala Deale Hall
(b) Address 104 E. 25th Street, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Windsor Mill Road, Md.

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1940 to Feb. 17 1941, and that I last saw h alive on Feb 16 1941.

Immediate cause of death	Duration
Acute Lobar Pneumonia, Edema	7 days
Due to	
Due to	
Other Conditions Chronic Myocarditis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Mitchell M. D.
Address 2112 Maryland Avenue Date signed

3663175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a

F 77663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Mc Elderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Eugene Lilienthal Birth F 21300

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-40

8. AGE: Years	Months	Days	If less than one day
	1	5	42 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER 12. Name Dr Joseph Lilienthal
13. Birthplace N.Y

MOTHER 14. Maiden Name Katherine Armstein
15. Birthplace Calif

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director John O Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) ~~Interred~~ Cremated ~~in~~ at Williamsport Md. Register No. 0

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to Feb 18 1941, and that I last saw h.i.M alive on Feb 18 1941.

Immediate cause of death	Duration
Hydrocephalus-obstructive	
Due to ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address John Hopkins Hosp. Date signed 2-18-41

77664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. E 77664

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Shady Side Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Shady Side Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elias Warren Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-9540

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Doswell Shirley
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 9, 1889

8. AGE: Years	Months	Days	If less than one day
51	8	8	hr. min.

9. Birthplace Reedville, Va. (Town, county, and state)
10. Usual Occupation PRes. & Gen. Mgr. Fish Products
11. Industry or business

FATHER
12. Name Elias W. Edwards
13. Birthplace Va.

MOTHER
14. Maiden Name Judith Shehigh
15. Birthplace Va.

16 (a) Informant Mrs. Doswell S. Edwards
(b) Address 1520 Shady Side Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Roseland
Location Reedville, Va.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to Feb 17 1941, and that I last saw him alive on Feb 17 1941.

Immediate cause of death	Duration
Myocarditis	
Arterio Sclerosis	
Due to Hypertension	Gradual
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody
Address 1403 Park Ave. Date signed 2/19/41

77665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 77665
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a. a
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 185 Prince George St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Franklin Birth F 3967
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-17-41
8. AGE: Years | Months | Days | If less than one day: 5 hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name William Franklin
13. Birthplace
MOTHER 14. Maiden Name Lee Nugent
15. Birthplace N.Y.
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place
19 FEB 18 1941 (b) Huntington Williams, M.D. (Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1941, at 2 20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1941 to Feb 17 1941, and that I last saw him alive on Feb 17 1941.

Immediate cause of death: Prematurity — Duration: 5 hrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ethel Walker
Address Baltimore Date signed 2/17/41 M. D.

F 77666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 77666

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Martha Walker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE; Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Jacksonville, Florida (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Martha Walker

(b) Address 1004 West Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-41 (month) (day) (year)

(c) Cemetery or crematory Evergreen Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania Ave

19 FEB 18 1941 (Date received by Registrar) (b) Hunter for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 6:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Hurd Grist Medical Examiner. M.D.

Date signed 2-15-41

77667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES H. DIAL

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-07-4163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Maggie Dial

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/9/1896

8. AGE: Years	Months	Days	If less than one day
55	0	15	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Aaron Dial
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Walker
15. Birthplace

16 (a) Informant Maggie Dial
(b) Address 913 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

FEB 18 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16, 1941 at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertension Cardiovascular disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 2-16-41

VS 6

77668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BAKOS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Calhoun St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harrison Harrell (63088)

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ethell Mae
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1917

8. AGE: Years	Months	Days	If less than one day
23	5	19	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Harrell (D)
13. Birthplace N. Car.

MOTHER
14. Maiden Name Clara Pinn (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 20 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsa ave

19 (a) FEB 18 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1941 at 12:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1941 to Feb. 17, 1941 and that I last saw him alive on Feb. 17, 1941

Immediate cause of death	Duration
Pulmonary tuberculosis	1 month
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rayden M. D.
Address Balto. City Hospital Date signed 2-17-41

VS 3

77669
390778 (over)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89-a

F 77669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town IRONSIDE (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ward (JOE LOUIS WARD)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-40

8. AGE: Years	Months	Days	If less than one day
1	11	9	hr. min.

9. Birthplace Md, INDIAN HEAD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Reginald Ward
13. Birthplace Hill Top - Md.

MOTHER 14. Maiden Name MARY WARD DORIVER
15. Birthplace 2

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery or crematory Hill Top
Location Charles Co. Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 327 N. Fredericks St

19 (a) FEB 18 1941 (Date received by Registrar) (b) Registrar
Katie R. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 7:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1940 to Feb 15 1941, and that I last saw him alive on Feb 15 1941.

Immediate cause of death: Prolonged anesthesia for mastoidectomy — Duration: 6 hrs post op.

Due to:

Due to:

Other Conditions: ? celiac disease chronic otitis media
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Hacken M.D.
Address Baltimore Date signed 2/17/41

F 77670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 77670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME LAWRENCE MARCINIAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 6, 1876.

8. AGE: Years	Months	Days	If less than one day
64	6	9	hr. min.

9. Birthplace Poznan, Poland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name John Marciniak
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name Franciszka Waaztak
15. Birthplace Poznan, Poland

16 (a) Informant Mrs. Sophia Marciniak
(b) Address 709 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave

19 (a) FEB 18 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1941 to Feb 15 1941 and that I last saw h[illegible] alive on Feb 14 1941

Immediate cause of death	Duration
Coronary Thrombosis	2 dy
Due to	
Due to arterio - Sclerosis	2
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Valenti M. D.
Address 6 W. Read Date Feb 17 41

POLZIN

77671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 77671

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1371 Andre St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1371 Andre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Marie Polzin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1860

8. AGE: Years	Months	Days	If less than one day
80	10	24	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Frederick Biedlowski
13. Birthplace Germany

MOTHER
14. Maiden Name Johannetta Kraza
15. Birthplace Germany

16 (a) Informant Mrs. Richard Smith
(b) Address 1157 Hanbert St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md.

18 (a) Funeral director Margaret E. Glynn
(b) Address 1422 Light St.

19 (a) FEB 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1941, at 3:40P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1941 to Feb. 17, 1941, and that I last saw her alive on Feb. 17, 1941.

Immediate cause of death	Duration
Coronary Occlusion	1/2 Hr.
Due to	
General Arterio-Sclerosis	2 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Nunn M. D.
Address 716 Cathedral Date signed 2-18-41

77672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24-a

Registered No. E 77672

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3583 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon Pecker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-12-5640

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14-1914

8. AGE: Years 27 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Grocery Store Clerk

11. Industry or business

FATHER 12. Name Samuel Pecker

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah ?

15. Birthplace Russia

16 (a) Informant Anna Pecker

(b) Address 3583 Park Heights Ave

17 (a) 2-18-41 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location Herman Hill Rd.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 (a) FEB 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Staphylococcus septicemia	
Due to Lungs undetermined	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner

Date signed 2/18/41

77673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 77673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Warwick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Judah Friedman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 5-9 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Jacob Lapshetz

13. Birthplace Russia

MOTHER 14. Maiden Name Hannah Caplan

15. Birthplace Russia

16 (a) Informant Judah Friedman

(b) Address 1736 Warwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)

(c) Cemetery or crematory Adrey Hoovy Run

Location Bowlers Lane

18 (a) Funeral director Jack Levin Inc

(b) Address 1139 E. Balto St

19 (a) FEB 18 1941 (Date for day registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 19 41 at 9:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D. Medical Examiner

Date signed 2/18/41

77674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77674

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 E. Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 E. Fairmount (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Dora Gerdes

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Harry Gerdes
(b) Address 661 N. Gay st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Wash Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore st

19 (a) FEB 18 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18th 1941, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940 to Feb 18th 1941, and that I last saw her alive on Feb 15th 1941.

Immediate cause of death: acute dilatation of Heart — Duration
Due to: Chronic myocarditis
Due to: arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lawler M. D.
Address 119 N. Mulberry Date signed 2/15/41

77675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

Registered No. F 77675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2039 E. Fairmont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2039 E. Fairmont ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Ida Cornblatt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 42 | Months | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Samuel Flomenbaum
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah Seigler
15. Birthplace Poland

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Carmel
Location Hernan Hill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1789 E. Baltimore St

19 (a) FEB 18 1941 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18-41 19 , at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1936, to February 18 1941, and that I last saw her alive on February 4 19 41.

Immediate cause of death: Carcinoma of Uterus — Duration: 1936

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Milton L. Solomon M. D.
Address 129 S. Bway Date signed 18 II 41

77676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓

F 77676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Bouldin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Bouldin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 yrs years

3 (a) FULL NAME Katherine Nosek

3 (b) If veteran, name war	3 (c) Social Security Account No.
/	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Nosek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1853

8. AGE: Years	Months	Days	If less than one day
87	10	1	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jindra
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Bessie (Doemling) Pich
(b) Address 618 N. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (Date rec'd by registrar) (b) Huntington Hollins Registrar

FEB 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1941 at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 16 1941 and that I last saw her alive on Feb. 16 1941

Immediate cause of death	Duration
Coronary Sclerosis	
(a) General Cyst aris	
Due to (b) sclerosis	years
Due to (c) Coronary Thrombosis	12 hrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Vincent M. Dooka M. D.
Address 845 N. Patterson Pk. Date signed 2/18/41

F 77677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1941 Registered No. F 77677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 So Parkin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Jane Thomas Birth F06880

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 1940

8. AGE: Years	Months	Days	If less than one day
	11	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Wm Thomas
13. Birthplace South Wales, England

MOTHER
14. Maiden Name Margaret C. Kilmon
15. Birthplace Baltimore Md.

16 (a) Informant Margaret C. Kilmon (Mother)
(b) Address 125 Parkin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Frederick Rd.

18 (a) Funeral director John J. Conway Son
(b) Address 901 Hollins St.

19 (a) (Rec'd by registrar) (b) Hunting for Ally Registrar
Feb 18 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia due to aspiration of stomach contents	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Randall Jr. M.D. Medical Examiner.
Date signed 2/18/41

77678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 77678

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Ann St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Incoronata Cimaglia

If U. S. Veteran specify WAR .....

(a) Residence: No. 22 S. Ann St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) John Cimaglia

6. DATE OF BIRTH (month, day, year) ? 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenico Cimaglia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Bartholomeo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carmello De Adamo

(Address) 22 S ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 19, 1941

19. UNDERTAKER Wendell Hopper

(Address) 312 W. Saratoga St

20. FILED FEB 18 1941 Hamilton Williams Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1941 to Feb 16, 1941

I last saw her alive on Feb 16, 1941 Death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Other contributory causes of importance:	
Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi D. DiStefano M. D.

(Address) 407 S. Exeter St

Howard J. Morgan M. D.

77679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 77679 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 So. Hanover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Daisy Anthony

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife John Anthony
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1883

8. AGE: Years	Months	Days	If less than one day
57	9	14/15	hr. min.

9. Birthplace (Town) (County) Md (State)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Plummer
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth M
15. Birthplace Md

16 (a) Informant Mr. John E. Anthony
(b) Address 1831 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 18 1941 (b) Huntingtown Williams MD
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1941, at 12:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1941, to 2-17 1941, and that I last saw her alive on 2-16 1941.

Immediate cause of death	Duration
Acute Cardiac Decompensation	
Due to Hypertension	
Cardio Vascular disease	
Due to Bronchitis Chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 2/19/41

F 77680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 77680
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Alice Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 55 | Months — | Days — | If less than one day — hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER
12. Name John Grant
13. Birthplace Md

MOTHER
14. Maiden Name Mary Boston
15. Birthplace Md

16 (a) Informant Albert King
(b) Address 1002 Linden Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-21-41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Brooklyn Md

18 (a) Funeral director Donaldson
(b) Address 120 McCulloh St

19 FEB 19 1941 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1941 at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941 to 2-17 1941 and that I last saw h[illegible] alive on 2-17 1941

Immediate cause of death: Acute Lobar Pneumonia — Duration 2/9 1941

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Allen
Address 50 [illegible] Date signed 2-18-41 M. D.

VS 3

F 77681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

Registered No. F 77681

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3813 Brooklyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3813 Brooklyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Lamartina

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Gaetano Lamartina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1871

8. AGE: Years	Months	Days	If less than one day
70	-	8	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Nicolosi
13. Birthplace Italy

MOTHER
14. Maiden Name Lucia Roffina
15. Birthplace Italy

16 (a) Informant Michael J Lamartina
(b) Address 3813 Brooklyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Albert W Keegan
(b) Address 440 E North Ave

19 (a) FEB 18 1941 (Date received by Registrar) (b) Huntington, Indiana, Mar 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1941, at 11:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Feb. 16 1941, and that I last saw h[illegible] alive on Feb. 16, 1941.

Immediate cause of death	Duration
Myocardial failure	6 days
Due to Cardiac Hypertrophy & Arteriosclerosis	?
Due to	
Other Conditions Influenza	6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 2/18/41

F 77682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 77682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 N Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Mount St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mark Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-8833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married.

6 (b) Name of husband or wife Amelia Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1888.

8. AGE: Years	Months	Days	If less than one day
52	11	11	hr. min.

9. Birthplace Charles Co Md.
(Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Richard Matthews
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Md.

16 (a) Informant Amelia Matthews
(b) Address 16 N. Mount St.

17 (a) Buried (b) Date thereof 2/19/1941
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 324 N. Schroeder St.

FEB 19 1941 (b)
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1941. at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940 to Feb 16 1941. and that I last saw h[illegible] alive on Feb 16 1941.

Immediate cause of death Diabetes Mellitus — Duration Oct 30

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Feb 16 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Hafeka M. D.
Address [illegible] Date signed Feb 17 1941

F 77683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 77683 Registered No.

cc

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2312 Boston St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Doris Rodgers

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 9 1922

8. AGE: Years	Months	Days	If less than one day
18	7	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Henry Rodgers (d)

13. Birthplace Washington, D. C.

MOTHER 14. Maiden Name Margaret O'Connell (d)

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 21/41 (month) (day) (year)

(c) Cemetery or crematory NEW CATHEDRAL

Location OLD FREDERICK ROAD.

18 (a) Funeral director Lilly & Sutter (inc.)

(b) Address 403 S. WOLFE ST.

19 FEB 19 1941 (Date received by Registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 2 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1941, to Feb 18 1941 and that I last saw her alive on Feb. 17 1941.

Immediate cause of death	Duration
? Subacute Bact. Endocarditis	?
Cardiac failure	?
Due to Rheumatic Ht disease	?
mitral stenosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 2-18-41

F 77684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-L

F 77684 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 to Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Muller (MUELLER) (Miller)

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M **5. Color or race** W **6 (a) Single, married, widowed, or divorced** SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 14-1869

8. AGE: Years 71 | Months 5 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED LABORER

11. Industry or business

FATHER
12. Name GEORGE MUELLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JAMES MILLER (NEPHEW)
(b) Address 223 S. CHESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** FEB. 21-41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST

19 (a) FEB 19 1941 (Date rec'd by registrar) **(b)** [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Fracture, Rt. femur (on) Subarachnoid hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/14/41
(c) Where did injury occur? Chester & Lombard Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature [signature] M.D.
Medical Examiner.

Date signed 2/18/41

F 77685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 77685
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts
(c) Hospital or institution:
Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 230 W. Lanvale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn May Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1917

8. AGE: Years	Months	Days	If less than one day
23	4	27	hr. min.

9. Birthplace Alexandria, Virginia
(Town, county, and state)

10. Usual Occupation Registered Nurse

11. Industry or business Staff of Hospital for Women

FATHER
12. Name Claude E. Phillips
13. Birthplace Alexandria Virginia

MOTHER
14. Maiden Name Harriette M Bowling
15. Birthplace Fairfax Co. Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (month) (day) (year)

(c) Cemetery or crematory
Location Alexandria Va.

18 (a) Funeral director Wm. Tickner & Son
(b) Address No. 66 & Pa. Ave

19 FEB 19 1941 (b) (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941, to Feb 19 1941, and that I last saw her alive on Feb 19 1941.

Immediate cause of death

Bilateral Bronchopneumonia — Duration: 21 days
Due to Virus of unknown classification
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond S. Finn M. D.
Address Hospital for Women Date signed 2-19-41

VS 3

F 77686

392358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77686 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Spring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - ? 90

8. AGE: Years	Months	Days	If less than one day
50 ~~50~~	8		hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wilson Barnes

13. Birthplace W. Va

MOTHER 14. Maiden Name Nellie Robinson

15. Birthplace W. Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ceme

Location B. & O. Co

18 (a) Funeral director Raymer Sanders

(b) Address 1112 E Preston St

19 (a) FEB 19 1941 (Date received by Registrar) (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 12:48 M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 30 1941, to Feb 18 1941, and that I last saw h[illegible]R alive on Feb 18 1941.

Immediate cause of death	Duration
Congestive Heart Failure	2 Mos.
Due to Hypertensive Arterio-sclerotic Heart disease	2 Yrs.
Due to -	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address J. H. Hosp. Date signed 2-18-41

F 77687 Laing F 77687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 E. 30th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1815 E. 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine M. Laing

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1865

8. AGE: Years	Months	Days	If less than one day
76	9	3	hr. min.

9. Birthplace Michigan (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name James Rodda
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Gray
15. Birthplace England

16 (a) Informant R. E. Rodda
(b) Address 1815 E. 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Lancaster Pa

18 (a) Funeral director Wilhams & Crook
(b) Address 217 St Paul St

FEB 19 1941 (Date received by registrar) (b) Theodore A. Mc Kinney M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 41 19 , at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941 to Feb 18 1941 and that I last saw h~~e~~ alive on Feb 17 1941.

Immediate cause of death: Bronchi-pneumonia — Duration 6 days
Due to
Due to
Other Conditions Myocarditis Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dunbar M. D.
Address 2225 Garrison Date signed Feb 18 41

F 77688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V92-P

Registered No. F 77688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hornors Lane
(c) Hospital or institution: New Phila Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 W Hornors Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Berry

3 (b) If veteran, name war No
3 (c) Social Security Account No. 219-03-2008

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Lucy E. G. Berry
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 31st 1880

8. AGE: Years	Months	Days	If less than one day
60	3	16	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Federal Works Project

FATHER
12. Name William E. Berry
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Henry
15. Birthplace Balto. Co. Md.

16 (a) Informant Lucy E. G. Berry
(b) Address Hornors Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

FEB 19 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to Feb 17 1941; and that I last saw him alive on Feb 16 1941.

Immediate cause of death: Coronary Thrombosis
Due to: Chronic Endocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 2/15/41 to 11/20/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Berry M.D.
Address 801 6 Kenwood Ave Date signed 2/18/41

F 7768?

WASHINGTON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 7768?

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Penna ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Weddington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Eugene

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-14-1894

8. AGE: Years	Months	Days	If less than one day
46	8	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business in Theatre

FATHER
12. Name Alex Morris
13. Birthplace Md

MOTHER
14. Maiden Name Pelassie ?
15. Birthplace Md

16 (a) Informant Salena Morris
(b) Address 938 Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 19 41 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) FEB 19 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1941, at 320 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 15 1941, and that I last saw h[illegible] alive on Feb 15 1941.

Immediate cause of death — Duration

Myocarditis — 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. COASEY M. D.
Address [illegible] Date signed Feb 19, 41

F 77690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-F

F 77690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3217 Dillon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Dillon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Harmon

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-1290

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine A. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1877

8. AGE: Years	Months	Days	If less than one day
63	11	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman Standard Oil Co.
11. Industry or business

FATHER
12. Name Carl A. Harmon
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Catherine A. Harmon
(b) Address 3217 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) FEB 19 1941 (Date received by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1941, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1941 to Feb. 16 1941 and that I last saw him alive on Feb. 16 1941.

Immediate cause of death Pulmonary embolism — Duration 19 hrs.
Due to Myocardial insufficiency — 4 hours.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. B. Bronushas, M. D.
Address 3037 O'Donnell St Date signed 2-17-41

F 77691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77691 Registered No. 928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 W. Pagester Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 E. Northern (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Conrad

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife Albert Conrad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	10	11		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles L. Mueller
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Unger
15. Birthplace Baltimore Md

16 (a) Informant Mary Mueller
(b) Address 1837 W. Pagester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20. 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Catholic Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edwin W. Caplis Son
(b) Address 924 E. Eager St.

19 (a) (Patient or Registrar) (b) Registrar

FEB 19 1941
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941 at 5 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Mitral Stenosis - Rheumatic	
Due to	
Due to	
Other Conditions Sig. Hem. pregnancy Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Landenberger M.D. Medical Examiner.
Date signed 2/17/41

F 77692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 30-D

F 77692 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 West York St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Accomac Co., Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Mapp
13. Birthplace Va

MOTHER
14. Maiden Name Mary —
15. Birthplace Va.

16 (a) Informant Mrs. Belle Carter
(b) Address 7 West York Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director James A Stayton
(b) Address 142 W Preston St

FEB 19 1941 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Rupture of syphilitic aneurysm of aorta with

Duration

Due to pericardium

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Handcastle M.D. (Medical Examiner)
Date signed 2/16/41

77693 Strimgis (Strunge) F 77693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Glyndon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Glyndon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

21 24

3 (a) FULL NAME Gervazas Strimgis (Strunge)
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-12-6988

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Magdalina
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 15 1872

8. AGE: Years	Months	Days	If less than one day
68	11	2	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Gervazas Strimgis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Magdalina Strimgis
(b) Address 1311 Glyndon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Joseph Kasinoka Inc.
(b) Address 602 Washington Blvd
19 (a) FEB (Registrar's signature) (b) [illegible]
FEB 19 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1941, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1941, to Feb. 17 1941, and that I last saw h alive on Feb. 17 1941.

Immediate cause of death: Chronic Nephritis with uremia.

Duration
2

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Zimmerman
Address Medical Arts Bldg Date signed 2/19/41

77694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 77694

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Barclay St. 7-5 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Nellie Wing

If U. S. Veteran specify WAR _____

(a) Residence: No. 1535 Barclay St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: Allen W. Wing

6. DATE OF BIRTH (month, day, year): Jan 1, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Churchville Md

FATHER

13. NAME: George Scott

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rachel Hutton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Allen W. Wing
(Address) 1530 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington Date: 2-20, 1944

19. UNDERTAKER: Wm. Francis J. Hemsley
(Address) 578 N. Eutaw St.

20. FILED ___, 19___ Huntington Williams Registrar

FEB 19 1944

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-17-, 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1944 to Feb 17, 1944

I last saw h___ alive on Feb. 16, 1944. Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Hypertension & Hypercardiac	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) W. S. Howell M. D.

(Address) 601 N. Carrollton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 7769 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-D F 7769

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Druid Hill Ave St. 11-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Gilliam

If U.S. Veteran specify WAR ...

(a) Residence: No. 823 Druid Hill Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: John Gilliam

6. DATE OF BIRTH (month, day, year): Feb 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	49	11	2122	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: David Bonner

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Annie Tucker

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Bernard Gilliam

(Address): 823 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 2/20 19 41

19. UNDERTAKER: Geo. L. Kelson

(Address): 1943 Preston St

FEB 19 1941

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17 19 41

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1940 to Feb 17 1941

I last saw him alive on Feb 16 1941. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
&	
Other contributory causes of importance: Broken Compensation	12/7/40

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey M. D.

(Address) 1728 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

77696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

E 77696 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Augusta St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Worcester Co
(a) State Md (b) County Worcester Co
(c) City or town Berlin (If outside city or town limits, write RURAL and give town)
(d) Street No. 97 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda E Coffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm Coffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13 1875

8. AGE: Years 65 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Lewis Hammond

13. Birthplace Md

MOTHER 14. Maiden Name —

15. Birthplace Md

16 (a) Informant Earl Justice

(b) Address Wilmington Del

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feby 19 (month) (day) (year)

(c) Cemetery or crematory Brotherhood Cem

Location Millsville Del

18 (a) Funeral director John Willett

(b) Address Lee & Allegan

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1940 to Feb 18 1941, and that I last saw her alive on Feb 18, 1941.

Immediate cause of death	Duration
Toxic Absorption	2 weeks
Due to Carcinoma of Cervix	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dowd M. D.

Address 2530 E. Baltimore St Date signed 2-19-41

FEB 20 1941

F 77697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 E. Lombard St (If rural give location) 3rd floor
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Lanahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife —?—

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept ?, 1867

8. AGE: Years	Months	Days	If less than one day
73.	5 4		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cotton
11. Industry or business Retired

FATHER
12. Name Thos. Lanahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Brannan
15. Birthplace Ireland

16 (a) Informant Thomas Lanahan Jr
(b) Address 210 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 20/1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Purdue

18 (a) Funeral director John Ullrich
(b) Address 202 S. Arlington Ave Baltimore, Md.

19 (a) FEB 19 1941 (Date rec'd by registrar) (b) Thurs Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 2.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 2/18/41

VS 6

F 77698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 77698 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Burgundy St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Schollian (62880)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1906

8. AGE: Years	Months	Days	If less than one day
34	7	21 20	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name James F. Harvey
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 2-21-1941
(Burial, cremation, or removal) (month). (day). (year)
(c) Cemetery or crematory Mount Olivet.
Location Balto City

18 (a) Funeral director Bernard B. Hahn
(b) Address 121 E. West St

19 (a) FEB 19 1941 (b) Clinton Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1941, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1941 to Feb. 18, 1941 and that I last saw her alive on Feb. 18, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 5 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Lenz M. D.
Address Balto. City Hospitals Date signed 2-18-41

F 77693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a ✓ F 77693 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM McKINLEY GROSS (GROSE)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-05-5057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 14, 1896

8. AGE: Years	Months	Days	If less than one day
45	10	2	hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business AT CAMP MEADE

FATHER
12. Name JOSEPH EDWARD GROSE
13. Birthplace WEST VA.

MOTHER
14. Maiden Name Missouri Grose
15. Birthplace WEST VA.

16 (a) Informant SHERMAN T. GROSE (BROTHER)
(b) Address 509 S. KENWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 19/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Fallyt Funeral Home
(b) Address 403 S. WOLFE ST.

19 (a) FEB 19 1941 (Date rec'd by registrar) (b) Harold Gen Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1941, at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hematoma, subdural — Duration

Due to Fracture of base skull

Due to

Other Conditions No. Edema [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide pending investigation Chas. E. Scarlett
(b) Date of occurrence 2-16-41
(c) Where did injury occur? Mechanic above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fall out of a window

23. Signature H. L. Wallenweber M.D. Asst. Medical Examiner

Date signed 2-17-41

77778 do 63644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77710

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Woodland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Finnegan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 ? 1880 (from)

8. AGE: Years	Months	Days	If less than one day
60?	5	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter Finnegan
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 19 41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Comm.
Location Baltimore City

18 (a) Funeral director C Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) FEB 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-1941, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15-1941, to 2-17-1941, and that I last saw h alive on 2-17-1941.

Immediate cause of death	Duration
Lobar pneumonia	9 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 2-17-41

VS 2

77701

HEALTH DEPARTMENT—CITY OF BALTIMORE

77701

CERTIFICATE OF DEATH

161-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 4401 Frederick St. Ward 20)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Giardina

If U. S. Veteran specify WAR

(a) Residence: No. 2234 W. Fayette St. St., ... Ward. Birth F 23648

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 2/18/41

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Giardina

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Gracia Marzullo

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: John Giardina (Address) 2234 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place Bon Cathedral Date 2/19 1941

19. UNDERTAKER: George L. Schwartz (Address) 2101 Frederick Ave

FILED FEB 19 1941 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 18, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1941, to Feb. 18, 1941

I last saw him alive on Feb. 18, 1941. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Congenital Atelectasis	2-18

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William H. Fuesting M. D.

(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 2

F 77702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

F 77702 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWIN M. RICEDORFF

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nina Ricedorff

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 1, 1878

8. AGE: Years: 62 | Months: 7 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Larimer, Iowa (Town, county, and state)

10. Usual Occupation: Pharmacist

11. Industry or business: Self

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Nina Ricedorff
(b) Address: 626 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk
Location: Frederick Rd.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date received by registrar) (b) Registrar

FEB 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Spontaneous
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 4-19-41

392090
F 2270.3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-3

Registered No. F 2270.3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Buffalo (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Hickory (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-08

8. AGE: Years	Months	Days	If less than one day
32	11	28	hr. min.

9. Birthplace Fla (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sam Brown
13. Birthplace Fla

MOTHER
14. Maiden Name Evelyn
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1941

18 (a) Funeral director Commissioner of
(b) Address Per H. A. Moore

FEB 10 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 24 1941 to Feb 9 1941, and that I last saw h[illegible] alive on Feb 9 1941.

Immediate cause of death Tuberculosis of lungs. T. miliary Spread. — Duration 2½ mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address J H N. Date signed 2-9-41

VS 3

C284

77704 OF 40780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E ✓ Registered No. F 77704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 mos. 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Brunt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert Matthew

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1897

8. AGE: Years 43 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Mass.

19 (a) FEB 19 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1941, at 2 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1939, to 2-10 1941, and that I last saw h m alive on 2-9 1941.

Immediate cause of death: Lympho-sarcoma — Duration: 2 yrs +
Due to: cvm
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy #40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Edlich Jr. M. D.
Address Baltimore City Hosp. Date signed 2-10-41

VS 8

6388

77705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ F 77705 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael M. Poosep

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. L. Moore

19 (a) FEB 19 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941, at 10 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Nelson M.D. Medical Examiner.

Date signed 2/10/41

F 77706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 77706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Wilkens Alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laundryman

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. L. Moore

19 (a) FEB 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1941 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandersluis M.D.
Medical Examiner.
Date signed 2/9/41

77707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. E 77707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 E. 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Jerry Kerelles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) FEB 19 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Sandy Griffith M.D. Medical Examiner
Date signed 2/5/41

VS 6

77708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G3-D

Registered No. E 77708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 N. Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N. Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZA SPRUILL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Walter Spruill
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 2, 1870

8. AGE: Years	Months	Days	If less than one day
70	10	14	hr. min.

9. Birthplace Warrenton, N.C. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business own home

FATHER
12. Name Emanuel Allen
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lucy West
15. Birthplace North Carolina

16 (a) Informant daughter Mrs Anna Palmer
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-41 (month) (day) (year)
(c) Cemetery or crematory Douglas Mem.
Location Catonsville Balto. Co.

18 (a) Funeral director Chas H. Lyddane
(b) Address 927 N. Howard St

FEB 19 1941 (Date received by registrar) (b) Huntington for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1941, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-16-41

VS 6

77709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77709

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1520 Riverside Ave. (If rural give location)
24
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Bush

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Henry Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Feb 1865~~ 2/12/64

8. AGE: Years	Months	Days	If less than one day
76 86	5 8	20 21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Clancy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary -?
15. Birthplace Ireland

16 (a) Informant Mrs. Boyle
(b) Address 1520 Riversideave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director J. J. Tobey & Sons
(b) Address 618 Lexington St.

19 (a) FEB 19 1941 (Date rec'd by registrar) (b) Washington Boulevard, Md. Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH Feb. 17th 1941, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941 to Feb. 17th 1941, and that I last saw her alive on Feb 17 1941.

Immediate cause of death Cardiac Thrombosis — Duration 6 hours

Due to Senile Myocarditis — 1 yr

Due to Arteriosclerosis — 2 yrs

Other Conditions Erysipelas — 1 wk.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Hawthorne M. D.
Address 1 E. Randall St. Date signed 2/19/41

(OVER)

F 77710

BALTIMORE CITY HEALTH DEPARTMENT

cc 63536

CERTIFICATE OF DEATH

160-a

Registered No. F 77710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 das.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 S. Ponca St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

26

3 (a) FULL NAME Baby Girl Wise (Anna)

Birth F 23706

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1941

8. AGE: Years	Months	Days	If less than one day
-		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis Wise
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Anna Jubb
15. Birthplace Balto., Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-16-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hosp
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) FEB 10 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1941, at 11:33 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941, to Feb 12 1941, and that I last saw her alive on Feb 12 1941.

Immediate cause of death	Duration
Intracranial hemorrhage	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 2-13-41

77711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2100 W. Fayette St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2100 W. Fayette St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Eva Alker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry Alker

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Jan. 22 - 1872

8. AGE: Years	Months	Days	If less than one day
69	-	28 27	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Phillip Bloecher

13. Birthplace Germany

MOTHER 14. Maiden Name Eva

15. Birthplace Germany

16 (a) Informant Herman Alker

(b) Address 2100 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21 - 1941 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore

18 (a) Funeral director George E. Sefman

(b) Address 2101 Frederick Ave

19 FEB 19 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1941, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1940 to Feb. 18 1941, and that I last saw her alive on 2/18 1941.

Immediate cause of death Arteriosclerotic Cardiac Vascular disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Elmer Langdale M. D.

Address 40 N. Payson St. Date signed 2/19/41

77712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33-a

F 77712 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 S. Brunswick Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Brunswick Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMELIA KAISER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/6/1865

8. AGE: Years	Months	Days	If less than one day
75	4	11	hr. min.

9. Birthplace Baltimore - Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business At Home

FATHER
12. Name Christopher Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Albertine ?
15. Birthplace Germany

16 (a) Informant Mrs. Clemintine Dehne
(b) Address 504 S. Brunswick Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore City

18 (a) Funeral director: Bielefeldt & Son
(b) Address 900 Eutaw Place

19 FEB 19 1941 Interring for Williams M.D.
(Registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Feb. 17 1941, and that I last saw her alive on Feb 17 1941.

Immediate cause of death: Pneumonia Bronchial — Duration: 3 days
Due to Influenza — 4 days
Due to
Other Conditions: Aortic Valvular Disease & Hypertension — 8 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations ------
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify home, farm, etc.) While at work?
(e) Means of injury
23. Signature Elliot W. Johnson M.D.
Address 3432 Frederick Ave Date signed 2/19/41

DR. E. W. JOHNSON

293059
7771 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58-c

Registered No. F 7771 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Boring
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vera Blanche Osborn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-37

8. AGE: Years	Months	Days	If less than one day
3	2	14	hr. min.

9. Birthplace Maryland Balto Co.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lester Osborn
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Marshall
15. Birthplace Balto. Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Feb-22-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Black Rock Mem
Location

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road

FEB 10 1941
Huntington Williams Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941 at 10 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941 to Feb 19 1941, and that I last saw her alive on Feb 19 1941.

Immediate cause of death: Rheumatic myocarditis — Duration: ? 1 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/19/41

F 77714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

F 77714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Sarah Steinberg

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Samuel Seiman
13. Birthplace Russia

MOTHER
14. Maiden Name Sonia Goodman
15. Birthplace Russia

16 (a) Informant Morris Steinberg
(b) Address 922 N. Bdwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Point Rd.
Location York Road & Seiman Mill Rd

18 (a) Funeral director Levi Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) 2-20-1941 (Date received by Registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1941, at 2:7 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1941, to 2-19 1941, and that I last saw her alive on 2-19 1941.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to Chronic Myeloid Leukemia	4½ yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A. Bute M. D.
Address University Hospt Date signed 2-19-41

F 77715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 77715 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hour
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6225 Ridgewood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Franz Frank Yaeger

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1858

8. AGE: Years 82 | Months 3 | Days 2/20 | If less than one day: hr. min.

9. Birthplace Denisovahr, (Austria) Germany
(Town, county and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Yaeger
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Biegelsteiber
15. Birthplace Germany

16 (a) Informant Frank Yaeger
(b) Address 3402 Talbot Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 20/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zuke (Inc.)
(b) Address 403 S. WOLFE ST.

19 (a) FEB 20 1941 (Date received by local registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1941, at 4.03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1941 to Feb. 17 1941, and that I last saw him alive on Feb 16 1941.

Immediate cause of death: Arteriosclerotic
Due to: Cardio vascular disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl F. Mech, M. D.
Address 6 E. Eager Street Date signed 2-17-41

F 77716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 77716

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 W Franklin St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1743

3 (a) FULL NAME Emma Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1883

8. AGE: Years 57 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Edw. Smith

13. Birthplace Md

MOTHER 14. Maiden Name Isabel ?

15. Birthplace Md

16 (a) Informant Elsie Hoffman

(b) Address 1332 Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Md Maurice A. Hemsley

18 (a) Funeral director 578 N. Bedford St.

(b) Address

19 (a) FEB 20 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 10 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Seipel M.D. Medical Examiner

Date signed 2/19/41

VS 6

F 77717 F 77717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Emma E. Myer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-07-8036

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single ✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/1879

8. AGE: Years 61 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business W. S. Fy G. C.

FATHER 12. Name Wm. B. Myer

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Marietta Swindell

15. Birthplace Camden N. J.

16 (a) Informant Wm. B. Banks

(b) Address 301 Rugby Hall Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21/41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3806 Frederick ave.

18 (a) Funeral director John Mitchell Sons

(b) Address 1900 Eutaw Place

19 (a) FEB 20 1941 (Date received by registrar) (b) Hunter & Son Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1941, at 6.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 18 1941, and that I last saw h.. alive on Feb 18 1941.

Immediate cause of death: Circulatory failure — Duration: 2 hrs

Due to: General debility — Duration: several months

Due to: Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of colon & extensive metastases
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Abrams M. D.

Address Union Memorial Hosp. Date signed 2-19-41

VS 3

F 77718

F 77718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Sharp St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23-k

3 (a) FULL NAME William J. Hogan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Elizabeth (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1863

8. AGE: Years	Months	Days	If less than one day
77	1	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Municipals Emp.
11. Industry or business Bureau of Street Cleaning

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Joseph Hogan
(b) Address 1005 S. Sharp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road.

18 (a) Funeral director J. H. Krause & Son
(b) Address 1214 S. Charles St.

19 (a) FEB 20 1941 (Date rec'd by registrar) (b) [signature] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941, to Feb 15 1941, and that I last saw h[illegible] alive on Feb 18 1941.

Immediate cause of death	Duration
Cerebral Endocarditis	6 mos.
Due to Arteriosclerosis	1 year
Due to Chronic Nephritis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1279 William St. Date signed 2/19/41

F 7719 — BALTIMORE CITY HEALTH DEPARTMENT 159 F 7719

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST. JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 HRS
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Eareckson Pl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Birth F 23728 years

3 (a) FULL NAME BABY BOY POALE Francis Vincent Poole

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/18/1941

8. AGE: Years	Months	Days	If less than one day
—	—	—	18 hr. min.

9. Birthplace Catonsville Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name WALTER POOLE
13. Birthplace PITTSBURG PA.

MOTHER
14. Maiden Name AGNES Mc CLOSKEY
15. Birthplace BALTIMORE

16 (a) Informant Walter P. Poole
(b) Address 1614 Eareckson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director George J. Roth Inc
(b) Address 2425 Harford Ave

19 (a) FEB 20 1941 (Date rec'd by registrar) (b) Thornton for Hollerith, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 18 1941, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 16 1941, to FEB 18 1941, and that I last saw him alive on FEB 18 1941.

Immediate cause of death Respiratory failure PREMATURITY — Duration

Due to —

Due to —

Other Conditions PREMATURE SEPARATION OF PLACENTA
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. Knox Insley Jr M. D.
Address ST. JOSEPHS HOSP. Date signed 2-20-41

F 77720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77720

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 W. West
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 W West
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Mary J Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	We	Single

6 (b) Name of husband or wife

6 (c) If alive, give age 1883 years

7. Birth date of deceased (mo., day, yr.) July 4 1983

8. AGE: Years	Months	Days	If less than one day
57	7	15	hr. min.

9. Birthplace Ala
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Pierson
13. Birthplace Ala

MOTHER 14. Maiden Name Georgann Jones
15. Birthplace Ala

16 (a) Informant William Nettles
(b) Address 132 W West Street

17 (a) Burial (b) Date thereof 2/22/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A B Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 108 W Montgomery St

19 (a) FEB 20 1941 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/1941, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15/1941, to 2/19/1941, and that I last saw h alive on 2/19/1941.

Immediate cause of death	Duration
Cerebral hemiplegia	2 days
Due to Arterial Hypertension	?
Due to	
Other Conditions Cardiac Insufficiency (Include pregnancy within 3 months of death)	Many months.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A H Carroll M. D.
Address 665 W Baltimore Date signed 2/19/41

F 77721

Jeff J Giles

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77721

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 207 Augusta St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 207 Augusta St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeff J Giles

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Annie Giles

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
83	—	—	— hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Coachman

11. Industry or business —

FATHER 12. Name Darius Giles

13. Birthplace Balto Md

MOTHER 14. Maiden Name Barbara ?

15. Birthplace Balto Md

16 (a) Informant Rev Saml Giles

(b) Address 415 N Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemy

Location Balto County

18 (a) Funeral director Josiah L Bloom Son

(b) Address 1011 W Fayette or Mulberry St

19 (a) FEB 20 1941 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1941 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1941 to Dec 17 1941

and that I last saw him alive on Dec 17 1941.

Immediate cause of death

Due to Acute Bronchitis (Primary)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration: Dec 12 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo S Giles

Address 50 Augusta St Date signed 2-20-41

V8 8

7722

HEALTH DEPARTMENT—CITY OF BALTIMORE

7722

CERTIFICATE OF DEATH

V 33-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Simpson St. 9-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mathews Collins

If U.S. Veteran specify WAR .....

(a) Residence: No. 2821 Simpson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Collins

6. DATE OF BIRTH (month, day, year) March 16-1880

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60 yrs	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No. S.S.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Daniel Collins

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

MOTHER

15. MAIDEN NAME Agga Collins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice Lyles (Daughter)

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place St. Lukes Cemetery Date Feb 21, 1941

19. UNDERTAKER Wm Brooks

(Address) 1463 N. Carey st

20. Feb 20 1941 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1941, to Feb 18, 1941

I last saw him alive on Feb 17, 1941. Death is said to have occurred on the date stated above, at 1220 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/11/41
Other contributory causes of importance: Influenza	2/14/41

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno J Juligan Jr M. D.

(Address) 434 E Biddle St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 20 1941

VS 3

3 242

F 77723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 77723

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 N. Port St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 N. Port St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelia Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1881

8. AGE: Years	Months	Days	If less than one day
59	9	8	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Frey
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary E. Dorton
15. Birthplace Harford Co. Md.

16 (a) Informant James T. Robinson
(b) Address 1810 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/41 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location Taylor Ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) FEB 20 1941 (Date rec'd by registrar) (b) 0 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1941, to Feb 18 1941, and that I last saw h[illegible] alive on Feb 14 1941.

Immediate cause of death	Duration
Acute Myocardial Failure	
Due to	
Due to Influenza	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. B. Herzog M.D.
Address 1305 N. Patterson Pk. Date signed Feb 19 41

77724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

Registered No. F 77724

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Laurens Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME John Dorsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Annie
1010 N. Carey St. 6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 17, 1890

8. AGE: Years	Months	Days	If less than one day
50	11	2 29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business General

FATHER
12. Name Henry Dorsey
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 20 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 20 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1941 at 9:14 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1941 to 2/15/41 1941, and that I last saw him alive on 2/15/41 1941.

Immediate cause of death	Duration
Gen. Arteriosclerosis	
Cardio vascular disease	prior 2/10/41
Due to	
Due to	
Other Conditions Chronic alcoholism	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.
Address 4940 Eastern Ave. Date signed 2/15/41

6251

F 77725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-3 F 77725 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Gettysburg, Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. 456 Middle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank B. Twisden.

3 (b) If veteran, name war

3 (c) Social Security Account No. 178-16-0039

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna B. Boyd Twisden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/25/1871

8. AGE: Years	Months	Days	If less than one day
69	4	25	hr. min.

9. Birthplace Greencastle. Pa. (Town, county, and state)
10. Usual Occupation Retired Coat Maker
11. Industry or business

FATHER
12. Name John Twisden
13. Birthplace Mass.

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Penna.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem. Location Gettysburg Pa.

18 (a) Funeral director Wm. Lyand J. Fichna Sons
(b) Address Natch & Balt. Aves

19 (a) FEB 20 1941 (Date received by registrar) (b) Huntingdon Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1941, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1941, to 2/20 1941, and that I last saw h/ im alive on 2/20 1941.

	Duration
Immediate cause of death Respiratory Failure	1
Due to Laryngotracheo bronchitis	11 days
Due to	
Other Conditions Bronchiectasis Left lower Lobe. (Include pregnancy within 3 months of death)	10 yrs.?

Major findings:
Of operations
Of autopsy Swelling of Trachea M.M.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P. Smith M. D.
Address Mercy Hospital Date signed

F 77726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 77726 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 Johnson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 Johnson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Warfield.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-2848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Kathleen Thompson
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 20 1890

8. AGE: Years	Months	Days	If less than one day
50	10		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Emma Brewer
15. Birthplace Balto.

16 (a) Informant Mrs. W. H. Warfield
(b) Address 1734 Johnson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-41 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Ritchie Highway

18 (a) Funeral director D. J. McCauley
(b) Address 130 E. Lord Balto

19 (a) FEB 20 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 3.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941, to Feb 20 1941, and that I last saw him alive on Feb 19 1941.

Immediate cause of death Bronchopneumonia — Duration 1 wk.
Due to
Due to
Other Conditions Acute Cardiac Dilatation — Duration over
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Serrano M. D.
Address 436 E Fort Date signed 2/20/41

77727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-D

F 77727 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME. William Edward Bull
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. ~~Male~~ Female | 5. Color or race White | 6 (a) Single, married, ~~widowed~~, or divorced.

6 (b) Name of ~~husband~~ or wife Sadie E Bull
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 19 1858

8. AGE: Years 82 | Months 1 | Days 30 2 9 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter
11. Industry or business Retired

FATHER 12. Name George W Bull
13. Birthplace Md

MOTHER 14. Maiden Name Malinda Long
15. Birthplace Pa

16 (a) Informant Mrs Clara Amery
(b) Address 1603 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 701 N. Broadway

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18- 1941; at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-7 1940 to Feb 18 1941 and that I last saw h~~im~~ alive on Feb 17 1941.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Tuttleman M. D.
Address 2324 Reisterstown Rd Date signed 2/19/41

F 77728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

Registered No. F 77728

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jasper Whetstone

3 (b) If veteran, name war
3 (c) Social Security Account No. 165-10-6410

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Fannie Whetstone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1899

8. AGE: Years	Months	Days	If less than one day
41	4	16	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Paul Whetstone
13. Birthplace S. Car.

MOTHER
14. Maiden Name Mary Bachman
15. Birthplace S. Car. Orangeburg

16 (a) Informant Swain Harris
(b) Address 908 W. Fayette St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof February 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) FEB 20 1941 (Date rec'd by registrar)

Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941 at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertension with Heart failure — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vanderlight M.D.
Medical Examiner.
Date signed 2/18/41

VS 6

F 77729

Leviton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 77729

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale
(c) Hospital or institution:
Greenspring + Belvidere ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 428 N. Augusta St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Leviton

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male.	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER
12. Name Late Jacob Leviton
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Finestone
15. Birthplace Russia

16 (a) Informant Mary Leviton
(b) Address 428 N Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Brai Israel
Location Boulters ave

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 North ave

19 (a) FEB 20 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1941, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1940 to 2/19 1941, and that I last saw him alive on 2/19 1941.

Immediate cause of death: Cerebral Arteriosclerosis
Hypertension.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin MD

Address Levindale Date signed 2/20/41

F 77730 ✓ F 77730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 E. Preston
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 - 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 E Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Thomas P. Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 2, 1853
8. AGE: Years 87 | Months 9 | Days 17 | If less than one day hr. min.
9. Birthplace: Ireland (City, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Patrick Burke
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Bridget Carroll
15. Birthplace: Ireland

16 (a) Informant: Mrs. Jane O'Brien
(b) Address: 1214 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto Md

18 (a) Funeral director: Margaret D. Flynn
(b) Address: 1422 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1941; at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1941, to Feb. 19 1941, and that I last saw h[illegible] alive on Feb. 19 1941.

Immediate cause of death: Arterio-Sclerotic Cardio Vascular Renal Disease — Duration: 2
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph S. Blum, M.D.
Address: 806 E. Preston Date signed 2/19/41

F 77731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77731

48a

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 Buford St. 17-2 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Lulu L. Rhen

(a) Residence: No. 53 Buford St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John A. Rhen

6. DATE OF BIRTH (month, day, year) 4/17/873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline Dominick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lucy Rhen

(Address) 53 Buford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 2-20 1941

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 1631 Druid Hill Ave.

FILED FEB 20 1941 Washington Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/41 19

22. I HEREBY CERTIFY, That I attended deceased from 1/25/41 19 to 2/17/41 19

I last saw h alive on 2/16/41 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia 7 days
Chronic Myocarditis
Duration Unknown

Other contributory causes of importance:

Date of onset

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. Lee Phelps M. D.

(Address) 5 W. Mulberry St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

F 77732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 77732 Registered No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits write RURAL and give town)
(d) Street No. 2423 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Jackson

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Bl	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1878

8. AGE: Years	Months	Days	If less than one day
62	11	14	hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Elizabeth Sutton
15. Birthplace Cambridge Md

16 (a) Informant Mrs. Louise Wright
(b) Address 2423 Druid Hill Ave

17 (a) Burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) FEB 20 1941 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941 at 2:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured fracture of left tibia and fibula
Due to Ignorition; unexplained
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2 9 28/40 1:30
(c) Where did injury occur? Whitelock St - Corner Druid Hill
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public
(Specify type of place)
While at work? No
(e) Means of injury? Collision - Struck by auto

23. Signature W. H. Vandenhoff M.D.
Medical Examiner.
Date signed 2/18/41

VS 6

77733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 77733 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4704 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4704 Belair Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Anna P. Demuth.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 7 1879

8. AGE: Years 62 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace Harford County, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James O. Etchison
13. Birthplace Montgomery County, Md

MOTHER
14. Maiden Name Caroline Adams
15. Birthplace Montgomery County, Md

16 (a) Informant Mrs. Ruth V. Davis
(b) Address 4704 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 | 22 | 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 FEB 20 1941 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1938 to 2-19 1941, and that I last saw h[illegible] alive on 2-19 1941

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerosis

Due to: Chronic Glom. Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael Rumpf M. D.
Address 5707 Belair Rd Date signed 2-21-41

VS 8

F 77734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 77734 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Brooks (62844)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1886

8. AGE: Years	Months	Days	If less than one day
54	11	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farms
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Charity ?
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Locust Point Cem.
Location Fairmount Hill Rd. Balto Co. Md.

18 (a) Funeral director John J. Feldmeier & Sons
(b) Address 2318 Eastern Ave.

19 (a) FEB 20 1941 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1941 at 12:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1941 to Feb. 14, 1941 and that I last saw him alive on Feb. 14, 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha D. Leonard M. D.
Address Balto. City Hospitals Date signed 2-15-41

VS 3

F 77735 ✓ F 77735

BALTIMORE CITY HEALTH DEPARTMENT

cc

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Chludzinski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	1	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Lawn
Location Evergreen Mall Rd - Balto Co - Md

18 (a) Funeral director John J Foley & Sons
(b) Address 1318 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar
FEB 20 1941 Hamilton or Waltonville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16- 1941, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1941, to 2-16-1941, and that I last saw him alive on 2-16- 1941.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Cardiac insufficiency	?
Due to A-S. Nt. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McVaughlin Kerr
Address Balto City Hosp. Date signed

77736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ E 77736 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4719 Pennington Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4719 Pennington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Emma Virginia McKinley

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Harry McKinley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1880

8. AGE: Years	Months	Days	If less than one day
60	11	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Kirby
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine Minister
15. Birthplace Baltimore, Md.

16 (a) Informant Edward P. Kirby
(b) Address 4719 Pennington Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross,
Location Brooklyn, A.A.Co., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 FEB 20 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION 3.10

20. DATE OF DEATH Feb. 18, 1941, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 - 1941 to Feb. 18 1941; and that I last saw her alive on Feb. 18 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 1 hr.

Due to Chronic Interstitial Nephritis — 5 yrs.

Due to — —

Other Conditions Diabetes — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature William D. Scott. M. D.
Address 481 S. Pennington Ave. Date signed 2/19/41

77737
393244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

567 Registered No. F 77737

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Parkersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazel L. Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) 6-25-99

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	7	25		

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Albert Nicely
13. Birthplace W. Va

MOTHER
14. Maiden Name Carrie McKusick
15. Birthplace Maine

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1941 (month) (day) (year)
(c) Cemetery or crematory Parkersburg, W. Va.
Location Parkersburg, W. Va.

18 (a) Funeral director John A. Mutschelknaus Inc.
(b) Address 1900 Dilston Place

19 (a) Feb 22 1941 (Date rec'd by registrar) (b) Huntington, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1941 to Feb 21 1941, and that I last saw her alive on Feb 20 1941.

Immediate cause of death Necrosis left Cerebral hemisphere — Duration 24 hrs
Due to Rupture Left Middle Cerebral artery — Duration 24 hrs
Due to Meningioma (benign) Left middle fossa — Duration 1 yr.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations as above
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Stewart
Address J. H. H. Date signed 2/20/41 M. D.

77738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 77738

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN WAGNER SR.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 220-09-3727

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1866

8. AGE: Years	Months	Days	If less than one day
74	6 7	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Meat packer
11. Industry or business

FATHER
12. Name Jacob Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Adeline A. Schlen
15. Birthplace Pennsylvania

16 (a) Informant Hospital records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Pa

18 (a) Funeral director Wilbert Cook
(b) Address 1317 Eutaw St

19 (a) FEB 20 1941 (Date rec'd by registrar) (b) Hunting Ton Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1941, at 4 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1941, to Feb 20 1941, and that I last saw h alive on Feb 20 1941.

Immediate cause of death: Cardiac failure — Duration: 3 days

Due to: Pneumonia (over)

Due to: Arteriosclerotic Heart Disease

Other Conditions: Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Hospital Date signed 2/20/41

VS 2

342562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 27739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Lakeside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Lytle

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or ~~divorced~~. Married

6 (b) Name of husband or wife Fannie W. Lytle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1877

8. AGE: Years 63 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Lab Tech

11. Industry or business Johns Hopkins Hospital

FATHER 12. Name Wm Lytle

13. Birthplace Md

MOTHER 14. Maiden Name Anna Williams

15. Birthplace Va

16 (a) Informant Ruard

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/21/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Zion

Location Belair Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) FEB 20 1941 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 - 1941, at 1022 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3- 1941, to 2-18 1941, and that I last saw ~~him~~ alive on 2-18- 1941

Immediate cause of death Pneumonia (a)

Hemorrhage from Gastric Ulcer

Carcinoma left lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Gastric Ulcer

Of autopsy As above

Duration: 12 hrs. 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Williams Gray Wallace M. D.

Address Johns Hopkins Hosp. Date signed 2-19-41

VS 2

77740 E 77740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Maisel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Maisel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Ochs

3 (b) If veteran, name war: NV
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Charlotte Ochs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1868

8. AGE: Years	Months	Days	If less than one day
72	4	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Dealer
11. Industry or business Produce

FATHER
12. Name John Ochs
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Habaudt
15. Birthplace "

16 (a) Informant Charlotte Ochs
(b) Address 2106 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/41 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 FEB 20 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1941, at 7:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1941 to 2/18 1941, and that I last saw him alive on 2/18 1941.

Immediate cause of death: Cerebral Haemorrhage — Duration 2/16/41
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Rosenberg
Address 1326 W Lombard St Date signed 2/19/41 M. D.

VS 3

77741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 77741 Registered No. 89-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Ward 3412 Seneca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1938

3 (a) FULL NAME JESSE EMORY ELLIOTT Jr.

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 22nd 1932

8. AGE: Years	Months	Days	If less than one day
8	6	1727	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business Public School

FATHER
12. Name Jesse Emory Elliott Sr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Flossie May Allen
15. Birthplace Va.

16 (a) Informant Flossie May Elliott
(b) Address 3412 Seneca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Sullivan Bros
(b) Address FEB 20 1941 Le Pont St

19 (a) Huntington Williams M.R. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1941, at 1 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Abscess, cerabellum	4 days.
Due to: Otitis media right., acute suppurative	2 weeks
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D. Medical Examiner.
Date signed 2-19-41

VS 6

77742

HEALTH DEPARTMENT—CITY OF BALTIMORE

77742

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. 703)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 48 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ann Bolek

(a) Residence: No. 709 Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bolek

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Turek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT William Bolek
(Address) 910 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 22, 1941

19. UNDERTAKER Frank Bracklow Son
(Address) 900 N. Chester St

20. FILED FEB 20 1941 19.. Huntington Williams, M.D. Registrar.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1941 to Feb. 19, 1941

I last saw h.. alive on Feb. 19, 1941 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart dis.	? yrs.
Chronic nephritis.	? yrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. Wallenstein M. D.

(Address) 1130 E. Baltimore St

F 77743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77743

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St. 10-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sr. Mary Succursa Eichler

If U. S. Veteran specify WAR .....

(a) Residence: No. Motherhouse of Notre Dame Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Allegheny Pa.

FATHER

13. NAME Joseph Eichler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Brookbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister M. Stan. Hostka

(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 22 1941

19. UNDERTAKER Geo. M. Frank & Son

(Address) 811 W. Lafayette

FILED FEB 21 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 41, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 19 41 to Feb. 20 19 41

I last saw her alive on Feb. 18, 19 41. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If ... (Signed) F. Kirby M. D.

(Address) 410 E. Fort

INSTRUCTIONS: WRITE CAREFULLY AND WITH UNFADING INK. This certificate should be filled out completely and accurately. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 8. 3

F 77744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

F 77744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Hamilton Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Holly Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Fischbach Birth F 23916

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/20/41

8. AGE: Years | Months | Days | If less than one day: 10 hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Charles A Fischbach
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dolores Anne Fischbach
15. Birthplace Balto. Md.

16 (a) Informant Charles A. Fischbach.
(b) Address 514 Mt. Holly Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory Catherdral Cem.
Location Frederick Rd.

18 (a) Funeral director Margaret B. Flynn
(b) Address 1432 Light Street

19 (a) (Date received by Registrar) (b) Thomas J. Williams, M.D. Registrar

FEB 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1941, at 12 07 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1941, to 2/20 1941, and that I last saw him alive on 2/20 1941.

Immediate cause of death Asphyxia
Due to Either Central Hemorrhage
Due to or Atelectasis

Duration: 1/2 hour

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M. B. Beck M.D.
Address Mercy Hospital Date signed 2/20/41

F 77745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 77745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840-N. Bond Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1840-N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME William H. Hofstetter Jr

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ella Benson Hofstetter

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 10/14/1877

8. AGE: Years 63 | Months 4 | Days 5 | If less than one day - hr. - - - - min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER
12. Name Wm. H. Hofstetter Sr
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura V. (Stanley)
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. S. Hofstetter
(b) Address 1840-N. Bond Street

17 (a) Burial (b) Date thereof 2/22/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 4135-Hereford Ave.

19 FEB 21 1941 (b) Huntington Baltimore, Md.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1941, at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1938, to Feb 19 1941, and that I last saw him alive on 2-19 1941.

	Duration
Immediate cause of death ~~Cerebral~~ Encephalomalacia	6 mos
Due to Hypertensive cardio-vascular disease	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Carnaby M. D.
Address 1531 E North Ave Date signed 2/20/41

F 77746

F 77746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

38-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Berger

3 (b) If veteran, name war

3 (c) Social Security Account No. Buth F 15170

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1940

8. AGE: Years 63 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russell Berger
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Md.

16 (a) Informant Russell Berger
(b) Address 506 W. West St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) 2 (day) 22 (year) 1941

(c) Cemetery or crematory Mt. Calary
Location Baltimore, Md.

18 (a) Funeral director Walter Berry
(b) Address 139 W. Lanvale St

(c) (Date rec'd by registrar) FEB 21 1941 (b) Interment or Removal Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1941, at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941, to 2-20 1941, and that I last saw her alive on 2-20 1941.

Immediate cause of death Bronchopneumonia — Duration 3 hrs

Due to

Due to

Other Conditions Chickenpox

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. P. Myerscough M. D.

Address Provident Hospital Date signed 2-20-41

M. D. B. 1168-9

77747

HEALTH DEPARTMENT—CITY OF BALTIMORE

77747

CERTIFICATE OF DEATH

V 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Leordelia Ave St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Jones

(a) Residence: No. 5101 Leordelia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Bell Jones

6. DATE OF BIRTH (month, day, year) Feb. 10 th 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ass't. purchasing agent W. M. R. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hamilton Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Browning

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Edward Jones
(Address) 5101 Leordelia Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Druid Ridge Date 2/22 19 41

19. UNDERTAKER William Cook
(Address) 727 St. Paul St

FILED Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1941

22. I HEREBY CERTIFY, That I attended deceased from February 18 1941 to February 20 1941

I last saw him alive on February 20 1941. Death is said to have occurred on the date stated above, at 12.30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary and intestinal tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Nichols M. D.

(Address) Baltimore Md.

77748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. E 77748

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as far as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4233 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDGAR P. LUTTRELL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Priscilla C. Luttrell

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1875

8. AGE: Years 66 | Months 0 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Journeyman

11. Industry or business House Painter

FATHER
12. Name Samuel Luttrell
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Crowther
15. Birthplace Virginia

16 (a) Informant Edgar F. Luttrell
(b) Address 4233 Park Hghts Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkeville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 1941 (Date rec'd by registrar) (Huntington Williams Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1941, at 6 56 ~~A~~ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hematoma of brain	
Due to Fracture of skull	
Due to	
Other Conditions ~~No~~	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-18-41 13:7
(c) Where did injury occur? 41st & Falls Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

23. Signature H. J. Wollenweber M.D.
Asst Medical Examiner.
Date signed 2-20-41

VS 6

F 7749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. F 7749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DELIA YELVINGTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James H. Yelvington (Dec'd)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
Abt 78			hr. 1 min.

9. Birthplace Johnston Co., North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name J. R. Barbour
13. Birthplace ~~Georgia~~

MOTHER
14. Maiden Name Eliza Canaday
15. Birthplace

16 (a) Informant James H. Yelvington Jr.
(b) Address Raleigh, N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 21 1941 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor ave Radford Rd

18 (a) Funeral director William Cook
(b) Address 1217 Druid St

FEB 21 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1941, at 12 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Burns, 2nd, 3rd degree, entire body — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence February 17, 1941
(c) Where did injury occur? 924 N. Calvert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Clothing caught on fire

23. Signature H. L. Wolfenmeyer Asst. Medical Examiner M.D.
Date signed 2-20-41

Name not legible

F 77750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C Registered No. F 77750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilbert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 mi
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 437 E. 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE H. McCAULEY

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Myrtle McCauley

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Jan 27 - 1896

8. AGE: Years 45 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Kent Co Md. (Town, county, and state)

10. Usual Occupation Park Policeman

11. Industry or business Druid Hill Park

FATHER
12. Name Bernard J. McCauley
13. Birthplace Md.

MOTHER
14. Maiden Name Alice H. Horner
15. Birthplace Va

16 (a) Informant Myrtle McCauley
(b) Address 437 E. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location

18 (a) Funeral director Chas. P. Maur Funeral Service
(b) Address 118 W. Mt. Royal Ave

19 (a) Filed FEB 21 1941 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1941, at 8:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head.
Due to: Suicide
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: Feb 19, 1941
(c) Where did injury occur? 437 E 28th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Revolver bullet

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-19-41

VS 6

F 77751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77751
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Eutaw.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph M. Fowler.
3 (b) If veteran, name war No
3 (c) Social Security Account No. 220-09-5605
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married.
6 (b) Name of husband or wife Myrtle M. Fowler
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Jan 2 - 1880
8. AGE: Years 61 | Months 1 | Days 18 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Purity
11. Industry or business Seafoods Co
FATHER 12. Name Joseph Fowler
13. Birthplace Md
MOTHER 14. Maiden Name Susan
15. Birthplace Md
16 (a) Informant Myrtle M. Fowler
(b) Address 3006 N. Calvert St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
18 (a) Funeral director Chas. J. Draney & Son Inc.
(b) Address 118 W. Mt. Royal Ave
19 (a) Filed FEB 21 1941 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/41 19 , at 1:12 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1941 to Feb. 20 1941. and that I last saw him alive on Feb. 20 1941.

Immediate cause of death: Intracranial Hemorrhage. — Duration 14 hr.
Due to Hypertension & Arteriosclerotic Cardiac Disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Henry A. Brack M.D.
Address University Hospital Date signed 2-20-41

VS 3

F 77752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 77752 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Echodale Ave.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) - - -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Echodale Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3 (a) FULL NAME JACOB BETZ JR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maria Margarethe
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 1. 1867

8. AGE: Years	Months	Days	If less than one day
73	5	19	....hr. ....min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Merchant Tailor
11. Industry or business Own Business

FATHER
12. Name Jacob Betz
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Doerflein
15. Birthplace Germany

16 (a) Informant Mr. Norman J. Betz (Son)
(b) Address 2700 Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24. 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SARDER & SONS, INC.
(b) Address North Ave. & Broadway.

FEB 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1941, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941 to Feb 20 1941, and that I last saw h... alive on ..., 19...

Immediate cause of death Chronic Myocarditis

Due to Cardiac Asthma

Due to ....

Other Conditions ....

(Include pregnancy within 3 months of death)

Date of operation ....

Major findings of operation: ....

of autopsy ....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ....
(e) Means of injury ....

23. Signature Myron Edley M. D.
Address 703 Hartford Ave. Date signed 2/24/41

77753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77753 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3228 Brentwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3228 Brentwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Barranco

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ralph Barranco

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1901

8. AGE: Years 39 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph Serio
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Giglio
15. Birthplace Italy

16 (a) Informant Ralph Barranco
(b) Address 3228 Brentwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22, 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Albert W. Burgoy
(b) Address 440 E. North Ave

19 (a) FEB 21 1941 (Date received by Registrar) (b) Huntington Hollins, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939 to Feb 19 1941, and that I last saw h[illegible] alive on Feb 18 1941.

Immediate cause of death Organic heart disease - decompensation -
Due to arteriosclerosis - Interstitial nephritis -
Due to Influenza

Duration about 2 mos several years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. E. Durant
Address Medical Arts Bldg Date signed Feb 20-41

393185

F 77754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 77754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roxby Dorsey Summerville
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Black
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife William Summerville
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-6-95
8. AGE: Years 45 Months 10 Days 12 If less than one day hr. min.
9. Birthplace Washington DC (Town, county, and state)
10. Usual Occupation Teacher (Public Schools)
11. Industry or business

FATHER
12. Name Alfred Young
13. Birthplace Md

MOTHER
14. Maiden Name Emily Carpenter
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave

19 (a) FEB 21 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1941. at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1941, to 2-18 1941, and that I last saw h[illegible] alive on 2-18- 1941.

Immediate cause of death: Subarachnoid hemorrhage, Hemiplegia, left — Duration 60 hours

Due to Hypertensive cardio-renal disease — 4 years

Due to Chronic nephritis — 7 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry A. Clemesha M.D.
Address Johns Hopkins Date signed 2/19

F 77755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 22255

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Hollins St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Butagar

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-14-1075

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Tibbels
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 28, 1883

8. AGE: Years	Months	Days	If less than one day
57	8	23 22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Lion Bros. Co. Inc.

FATHER
12. Name Joseph T. Butagar Sr.
13. Birthplace London, England.

MOTHER
14. Maiden Name Nellie M. Scott
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary A. Butagar
(b) Address 813 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 944 Hollins St.

FEB 21 1941 (Date received by Registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 12:31 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941, to Feb 20 1941, and that I last saw him alive on Feb 19 1941.

Immediate cause of death	Duration
Coronary Thrombosis	Instantaneous
Due to Arteriosclerotic Heart Dis	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Wade Hurd M. D.
Address 944 W. Lanvale St. Date signed 2-20-41

VS 3

F 77756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 77756

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 - N. H. St. N E (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NORMAN J. BEAR.

3 (b) If veteran, name war: nw
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife Lottie Bear
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan 7 - 1913

8. AGE: Years	Months	Days	If less than one day
28 27	1	13	hr. min.

9. Birthplace Cleveland, Ohio (town, county, and state)
10. Usual Occupation Farm Labor
11. Industry or business

FATHER
12. Name Jesse Bear
13. Birthplace Frederick Co Md.

MOTHER
14. Maiden Name Hetta Raines
15. Birthplace Frederick Co Md.

16 (a) Informant Mrs Hetta Bear
(b) Address 800 G St N E Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 - 41 (month) (day) (year)
(c) Cemetery or crematory Hyattstown Md
Location Near Mew Market Md.

18 (a) Funeral director Charles P Powell
(b) Address 1307 Pennsylvania Ave

19 (a) FEB 21 1941 (Date rec'd by registrar) (b) Burton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hematoma, extradural	
Due to Fracture of skull	
Due to	
Other Conditions Status epilepticus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 18, 1941
(c) Where did injury occur? Springfield State Hospital Sykesville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury fall to floor during epileptic fit

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.
Date signed 2-20-41

VS 6

F 77757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77757 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Parrish Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Alfred TAYLOR

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1890

8. AGE: Years	Months	Days	If less than one day
50	10	23	hr. min.

9. Birthplace Northumberland County, Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace Northumberland County, Va.

MOTHER
14. Maiden Name Susie Carter
15. Birthplace Northumberland County, Va.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial, National Date thereof (Burial, cremation, or removal) 2/24/41 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director Geo. L. Kelso
(b) Address 1303 Pennsylvania Ave Huntingtown Maryland

19 (a) FEB 21 1941 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20, 1941, at 3:20AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1941, to Feb. 20, 1941, and that I last saw him alive on Feb. 20, 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. Date signed 2/20/41 M. D.

PHYSICIANS WILL PLEASE FILL OUT ALL ITEMS. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77755

F 7758 F 7755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Winchester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Winchester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH LEWIS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June, 1878

8. AGE: Years	Months	Days	If less than one day
62 63	8		hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Gordon & Irene Lindsay
(b) Address 1435 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. H. Kelson
(b) Address 303 Presstman St Huntington Williams, Mgr.

19 (a) FEB 21 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I do find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature H. L. Wallammeher M.D.
Medical Examiner.
Date signed 2-19-41

VS 6

77759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 77759

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Fleetwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Fleetwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Nicholas J. Herbert

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Margaret C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 1871

8. AGE: Years 69 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Ret

11. Industry or business

MOTHER / FATHER
12. Name Andrew Herbert
13. Birthplace Germany
14. Maiden Name Barbara Schriefer
15. Birthplace Germany

16 (a) Informant Family
(b) Address 4008 Fleetwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 22 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Martin W. E. Rippel
(b) Address 7110 Belair Rd

19 FEB 21 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1940, to 2/18 1941, and that I last saw him alive on 2/18 1941.

Immediate cause of death CARCINOMA OF PROSTATE GLAND — Duration 7 mos. +

Due to

Due to

Other Conditions Arteriosclerosis —

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate Gland (7-11-40)
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Macken M. D.

Address 6304 Belair Rd Date signed 2/20/41

VS 2

F 77760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 77760 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 N. Parrish
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Parrish (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jasper Gamble

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M.

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Blanche Gamble

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1883

8. AGE: Years 57 | Months 6 | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Cleaner & Presser

11. Industry or business

FATHER 12. Name Peter Gamble

13. Birthplace N. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Blanche Gamble

(b) Address 827 N. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Samuel W. Hamilton Son

(b) Address 638 N. Gilmor St.

19 (a) FEB 21 1941 (Date received by registrar) (b) Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1941 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1941 to Feb 20 1941 and that I last saw h[illegible] alive on 2/20 1941

Immediate cause of death: Carcinoma of Liver and Carcinoma of Stomach — Duration 2

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature C. N. Pickett

Address 1136 W. Lexington St. Date signed 2/22/41

F 77761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Mainfield ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 4506 Mainfield ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick J. Fickus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	Married

6 (b) Name of husband or wife C. Frances

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 17 1865

8. AGE: Years	Months	Days	If less than one day
72	2	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Fickus
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Scheeter
15. Birthplace Germany

16 (a) Informant C. Frances Fickus
(b) Address 4506 Mainfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Balto

18 (a) Funeral director J. A. Morgan
(b) Address 3006 E. Baltimore St.

19 FEB 21 1941 (Date rec'd by Registrar) (b) Harry Von Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/1941, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1937 to Feb 19 1941, and that I last saw h[illegible] alive on Feb 18 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 yrs 6 mos

Due to

Due to

Other Conditions: Chronic Myocarditis 4 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature C. F. Gordy M. D.
Address 5106 Harford Rd Date signed 2-20-41

VS 3

F 77762

Redinger

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 77762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John - Lafayette
(c) Hospital or institution:
Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 d.
(e) Length of stay in Baltimore (yrs., mos., or days) ~

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Miss Elizabeth Redinger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife ~
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/1882

8. AGE: Years 58 | Months 8 9 | Days 23 2 2 | If less than one day hr. min.

9. Birthplace Carroll Co - Md
(Town, county, and state)

10. Usual Occupation ~
11. Industry or business

FATHER 12. Name Isaac Ridinger
13. Birthplace Md

MOTHER 14. Maiden Name Susan Snyder
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1941 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Taneytown Md

18 (a) Funeral director C O Fuss & Son
(b) Address Taneytown Md

19 (a) Feb 21 1941 (Date received by registrar) (b) Hunting Tom Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/41 19 . at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1941. to 2/21 1941.
and that I last saw h alive on 2/21 1941.

Immediate cause of death uremia — Duration: 24 d.

Due to Toxemia

Due to infections of genitourinary -

Other Conditions carcinoma of genitourinary
(Include pregnancy within 3 months of death)

Major findings:
Of operations ca of genitourinary
Of autopsy ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Y. Sloan M. D.
Address Woman's Hosp. Date signed 2/21/41

77763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 77763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Southern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cyril Peleska

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Angela Peleska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1876

8. AGE: Years	Months	Days	If less than one day
64	7	13	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business Cemetery.

FATHER
12. Name John Peleska
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant wife
(b) Address 3701 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles A. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) FEB 21 1941 (Date received by registrar) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1941, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939 to Feb 17 1941, and that I last saw him alive on Feb 17 1941.

Immediate cause of death

Carcinoma of Stomach — Duration 3/1939

Due to

Cardiac Insufficiency — 2/17/41

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bauer M. D.
Address 801 S. Kenwood Ave Date signed Feb 19 1941

VS 3

POSTMASTER: IF UNDELIVERABLE, WITH UNREADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
146-G

F 77764 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Southern Ave. (If rural give location)
27
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Prochaska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Frank Prochaska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1856.

8. AGE: Years	Months	Days	If less than one day
85		9	hr. min.

9. Birthplace Czech. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Clara Hauser (daughter)
(b) Address 427 N. Luzerne Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Phila. Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St

19 (Date received by local registrar) FEB 21 1941 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 330 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Feb 20 1941.
and that I last saw h alive on Feb 19 1941.

Immediate cause of death: Coronary Thrombosis — Duration 11/1940
Due to: Chronic Myocarditis — 1936
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bauer M. D.
Address 801 Kenilworth Date signed 2/21/41

77765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 77765 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4631 Park Heights.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4631 Park Heights
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes B. Singer.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife: A. J. Singer
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) JAN. 26, 1874

8. AGE: Years	Months	Days	If less than one day
67	0	25	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at home

FATHER
12. Name: Philip Sommers
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Wirth
15. Birthplace: Germany.

16 (a) Informant: Mr. A. J. Singer
(b) Address: 4631 Park Heights.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore City.

18 (a) Funeral director: C. Vernon Lemmon.
(b) Address: 4611 Park Heights

19 (a) FEB 21 1941 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1941, to Feb 21 1941, and that I last saw h.ER alive on Feb 20 1941

Immediate cause of death	Duration
ARTERIO-Sclerotic Cardio-Vascular Disease	1-2 YRS
Due to CORONARY THROMBOSIS	12 HOURS
Due to Cerebral Embolism	16 DAYS
Other Conditions " "	1 HOUR

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Wendlock M. D.
Address 4603 Pimlico Ave Date signed 2/24/41

F 77766 FIORAVANTE F 77766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2632 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2632 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Fioravante

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife late Nichola Fioravante
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	18	hr. min.

9. Birthplace Vasto, Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Michele Di Fabio
13. Birthplace Italy

MOTHER
14. Maiden Name Maria D'Pienabarca
15. Birthplace Italy

16 (a) Informant C. Fioravante (Son)
(b) Address 2632 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Ce
Location Belair Rd. Balt. Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St

19 (a) FEB 21 1941 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 2 29 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/21/41

VS 6

F 77767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77767 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Parksley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Parksley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME John Mason, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Catherine L. Mason
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
19 78			hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Mill Wright B.O.A.P.

11. Industry or business Retired.

FATHER
12. Name John Mason
13. Birthplace Va.

MOTHER
14. Maiden Name Harriett
15. Birthplace Va.

16 (a) Informant Mrs. John Mason, Sr.
(b) Address 1010 Parksley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Ave

18 (a) Funeral director Harry H. Nitzke
(b) Address Huntington Williams, M.D.

19 (a) FEB 21 1941 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 9.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1936, to Feb 20 1941, and that I last saw him alive on Feb 19 1941.

Immediate cause of death Coronary thrombosis

Due to Arterio-Sclerosis + Blood Clot.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Med Arts Bldg Date signed 2-21-41

VS 3

F 77768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950

F 77768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2553 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Anthony Crawford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Phyllis Crawford
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 60			hr. min.

9. Birthplace Asbury Park, New Jersey (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business Candy, etc.

FATHER
12. Name Mr. Crawford
13. Birthplace United States

MOTHER
14. Maiden Name Unknown
15. Birthplace United States

16 (a) Informant Mr. John DeWitt Crawford
(b) Address 505 New Hampshire Ave., N.W. Washington, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

19 (Date received) FEB 21 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1941, at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1.27.1941, to 2.21.1941, and that I last saw him alive on 2.21.1941.

Immediate cause of death	Duration
Heart Failure	
Due to Rheumatic heart disease	26 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Hosp. Date signed 2.21.41

77769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157-E F 77769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Mace Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Franklin Selph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/41

8. AGE: Years	Months	Days	If less than one day
		17	hr. min.

9. Birthplace Essex, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Selph
13. Birthplace Lancaster Co., Va.

MOTHER
14. Maiden Name Pearl George
15. Birthplace Lancaster Co., Va.

16 (a) Informant Harry Selph
(b) Address 314 Mace Ave., Essex Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)

(c) Cemetery or crematory
Location Lancaster, Va.

18 (a) Funeral director John J. Connelly
(b) Address Essex, Va.

19 FEB 21 1941 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-41 19 , at 12:01 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-41 19 , to 2-21-41 19 , and that I last saw h[illegible] alive on 2-20-41 19 .

Immediate cause of death Acidosis — Duration 24 hrs

Due to Intestinal Obstruction due to fecal impaction — Duration 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congenital Heart disease Negative Newborn

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Williams M. D.
Address Jenn. Hosp. Date signed 2-21-41

VS 3

77770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77770

Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: St Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John J. Smith

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): May 27, 1890

8. AGE: Years 50 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace: Md. (Town, County, and state)

10. Usual Occupation: Ice Dealer

11. Industry or business: Retail

FATHER
12. Name: John
13. Birthplace: Balto

MOTHER
14. Maiden Name: Mary Hartenstein
15. Birthplace: Balto, Md

16 (a) Informant: Mrs. Helen Smith
(b) Address: 1518 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore

18 (a) Funeral director: Margaret G. Glynn
(b) Address: 1424 Light St

19 (a) FEB 21 1941 (Date received by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1941, to Feb 21 1941 and that I last saw h[illegible] alive on Feb. 21 1941.

Immediate cause of death: Bronchopneumonia, left

Duration: 3 days

Due to:

Due to:

Other Conditions: Aortic Sclerosis, Chronic Endocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]

Address: B.G.H. Date signed: 2/24/41 M. D.

3921146

BALTIMORE CITY HEALTH DEPARTMENT X 33-B F 77771

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town GRANITE
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Dougans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-39

8. AGE: Years	Months	Days	If less than one day
1	2 10	15	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Dougans
13. Birthplace VA

MOTHER
14. Maiden Name Anita Doffinger
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Feb 24, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Elliott City, Md

18 (a) Funeral director Easton Sons
(b) Address Elliott City, Md

19 (Date received) FEB 21 1941 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 24 1941 to Feb 21 1941, and that I last saw her alive on Feb 21 1941.

Immediate cause of death Meningitis — Duration 4 wks.

Due to Influenza Bacillus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Warken M. D.
Address Baltimore Date signed 2/21/41

VS 3

PRINT WITH PENCIL, WITH CAPITAL LETTERS. Every question must be answered. Information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 86

Registered No. F 77772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 E. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wallace Penn Birth F 16976

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 1940

8. AGE: Years	Months	Days	If less than one day
	4	13	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name Cuffee Penn
FATHER 13. Birthplace West Va.
MOTHER 14. Maiden Name Mary Hale
MOTHER 15. Birthplace West Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 26 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Walter B Griggs
18 (a) Funeral director 198 W Hamburg St
(b) Address
19 (a) FEB 21 1941 (Date received by local registrar) (b) Hunting Ch Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941 to Feb 20 1941 and that I last saw h~~i~~e alive on Feb 20 1941.

Immediate cause of death	Duration
Unexplained fever and convulsions	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/20/41

VS 3

Please write plainly with pen or pencil. Do not use ink. Do not fold. Do not write outside the lines. Use typewriter if convenient. Answer all questions, filling in blanks with the word "None" where necessary. Do not abbreviate. Write out fully and correctly. Physicians: please write the causes of death clearly and legibly. Statements must be consistent, and the cause of death, as certified, must be supported by the evidence given in the space for Medical Certification. The personal particulars required by the Bureau of the Census are necessary for the identification of the certificate, but are not to be regarded as a part of the certification of cause of death. Any additional information which may be supplied will be used only for the compilation of statistics. Every question must be answered, or the certificate will be returned for completion. Write plainly with pen or pencil. Do not use ink. Do not fold. Do not write outside the lines. Use typewriter if convenient. Answer all questions, filling in blanks with the word "None" where necessary. Do not abbreviate. Write out fully and correctly. Physicians: please write the causes of death clearly and legibly. Statements must be consistent, and the cause of death, as certified, must be supported by the evidence given in the space for Medical Certification. The personal particulars required by the Bureau of the Census are necessary for the identification of the certificate, but are not to be regarded as a part of the certification of cause of death. Any additional information which may be supplied will be used only for the compilation of statistics. Every question must be answered, or the certificate will be returned for completion. Physicians: please write the causes of death clearly and legibly. Statements must be consistent, and the cause of death, as certified, must be supported by the evidence given in the space for Medical Certification. The personal particulars required by the Bureau of the Census are necessary for the identification of the certificate, but are not to be regarded as a part of the certification of cause of death. Any additional information which may be supplied will be used only for the compilation of statistics. Every question must be answered, or the certificate will be returned for completion. Physicians: please write the causes of death clearly and legibly. Statements must be consistent, and the cause of death, as certified, must be supported by the evidence given in the space for Medical Certification. The personal particulars required by the Bureau of the Census are necessary for the identification of the certificate, but are not to be regarded as a part of the certification of cause of death. Any additional information which may be supplied will be used only for the compilation of statistics. Every question must be answered, or the certificate will be returned for completion. Physicians: please write the causes of death clearly and legibly.

77773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ✓ 13-B

Reg. Dist. No. F 77773

1. PLACE OF DEATH:
County 2909 Gibbons ave
City or town Baltimore Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Balto. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2909 Gibbons ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Wilbur R. Powers

3. (b) Social Security Number permanently lost.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Margaret E. Powers
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 24 - 1897

8. AGE: Years	Months	Days	If less than one day
43	10	24	hrs. min.

9. Birthplace Washington D. C.
(City, county, and state)
10. Usual occupation Pensioned by Government
11. Industry or business

FATHER
12. Name Thomas Powers
13. Birthplace England

MOTHER
14. Maiden name Mary Rainey
15. Birthplace England

16. Informant Mrs. Margaret Elizabeth Powers
Address 2909 Gibbons ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2b 22-41 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Annapolis Rd. Anne Arundel Co. Md
18. Funeral director Frank H. Mauzel
Address Pikesville Md.

FEB 22 1941 (Date rec'd by registrar) 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/41 19 at 6.2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to 2/20 1941, and that I last saw h alive on 2/20 1941

	DURATION
Immediate cause of death Cardiac Failure	
Due to Pulmonary Tuberculosis.	
Due to	
Due to	
Other conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date at
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address 2203 Eutaw Pl. Date signed 2/24/41

77774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

E 77774 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6515 Brook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6515 Brook ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence V. Dyott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm B. Dyott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1875

8. AGE: Years	Months	Days	If less than one day
65	5	7	hr. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual Occupation nine

11. Industry or business

FATHER 12. Name Thomas H. Fairbank
13. Birthplace Md.

MOTHER 14. Maiden Name Amanda Sewell
15. Birthplace Md.

16 (a) Informant Wm B. Dyott
(b) Address 6515 Brook ave

17 (a) Burial (b) Date thereof 2 22 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) Date received FEB 22 1941 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1941 to Feb 19 1941 and that I last saw h[illegible] alive on Feb 19 1941.

Immediate cause of death	Duration
Embolism from appendicitis	
Due to Lobar pneumonia	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Benson, M.D.
Address 14 W. Orleans Date signed 2/20/41

77775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192-7

Registered No. F 77775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 E. Jefferson st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 E. Jefferson st
(Rural route location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary V. King

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J. King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1864

8. AGE: Years	Months	Days	If less than one day
76	3	20	24 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name John Moffett
13. Birthplace Balto.

MOTHER
14. Maiden Name Jennie —
15. Birthplace Balto.

16 (a) Informant Geo. W. King
(b) Address 622 Chestnut St. Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 24 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore

18 (a) Funeral director Philip J. Kreuzig Sons
(b) Address 2024 Orleans St.

FEB 22 1941 Huntington Williams, M.D.
(Deputy Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941 to Feb 20 1941, and that I last saw her alive on Feb 19 1941.

Immediate cause of death	Duration
Chronic Endocarditis	
Due to	
Due to	
Other Conditions Chronic Arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. P. Herzog M.D.

Address 1305 N Patt St Date signed 2/25/41

77776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 77776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 N. Eutaw St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Eutaw St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
39 38			hr. min.

9. Birthplace Greenville, So Carolina
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Margaret Johnson
(b) Address 302 W. Hoffman St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 24 & Druid Hill ave.

FEB 22 1941
(Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 5:00 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 2/21/41

77777

HEALTH DEPARTMENT—CITY OF BALTIMORE

77777

CERTIFICATE OF DEATH

V 93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 323 N Calhoun St. 19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Fauntleroy

If U. S. Veteran specify WAR

(a) Residence: No. 323 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William A.

6. DATE OF BIRTH (month, day, year): Sept. 28-1876

7. AGE: Years 64; Months 4; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Walter Clark

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Bettie Dickeram

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT: Mr. Wm. A. Fauntleroy

(Address) 323 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington M. Park Date: 2-22 19 41

19. UNDERTAKER: Mrs. Geo H. Holland

(Address) 1631 Druid Hill Ave

20. FEB 22 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1941 to Feb. 19, 1941

I last saw h alive on Feb. 19, 1941. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
	7
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Edw. J. Mentz, M. D.

(Address) 1230 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

77778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190a

Registered No. 77778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County HARFORD
(c) City or town JOPPA (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN WILLIAM DUFOUR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 15, 1940

8. AGE: Years	Months	Days	If less than one day
	10	6 11	hr. min.

9. Birthplace JOPPA, HARFORD CO, MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name VICTOR ARIEL DUFOUR
13. Birthplace MD.

MOTHER
14. Maiden Name ANNA DAVIS
15. Birthplace MD.

16 (a) Informant FATHER
(b) Address SAME

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 23, 1941 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) FEB 22 1941 (Date rec'd by registrar) (b) Huntington Mills, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 21 1941, at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 20 1941, to FEB. 21 1941, and that I last saw h im alive on FEB. 21 1941.

Immediate cause of death	Duration
CARDIAC FAILURE	?
Due to BRONCHO - PNEUMONIA	?
Due to	
Other Conditions DIARRHOEA, RICKETS	5 DAYS

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L. Hayback M.D.
Address Union Memorial Hosp. Date signed 2/22/41

37779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. 37779

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Druid Hill Ave
(c) Hospital or institution: [redacted]
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Pullman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Linda Pullman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1891

8. AGE: Years 49 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name George Pullman
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Emma Richardson
15. Birthplace Richmond, Va.

16 (a) Informant Mrs Linda Pullman
(b) Address 1822 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Ave

(c) Filed (Date received by registrar) FEB 22 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19-1941, at 7 45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Ruptured Aortic Aneurysm — one day

Due to

Due to

Other Conditions Hemopericardium + Tamponade (Tamponade)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ruptured aneurysm of aorta

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreno M.D.
Medical Examiner.
Date signed 2-19-41

VS 6

77780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2-31-a

Registered No. F 77780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 207 Asquith St

(c) Hospital or institution: Aged Home for Old Folks.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life to

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 207 Asquith St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widower

6 (b) Name of husband or wife Cattie Parker.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER 12. Name Haywood Parker.

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Sykesville Ave Catonsville, Md.

19 FEB 22 1941 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1941, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15- 1941, to 2-20- 1941, and that I last saw him alive on 2-19- 1941.

Immediate cause of death	Duration
Cardio-Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. P. Garija M. D.

Address 611-N-Carolin Date signed 2-21-41

VS 3

F 77781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-P

F 77781 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Meyers 939

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
74 73			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Grace
15. Birthplace Ireland

16 (a) Informant Ida M. Cament (Friend)
(b) Address Grenbauen Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25-41 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'Donnell St.

18 (a) Funeral director Tully & Zumbrun
(b) Address 403 S. Wolfe St

19 (a) FEB 22 1941 (Date received by Local Registrar) Huntington Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 9:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1937, to Dec 18 1940, and that I last saw h alive on 1 19

Immediate cause of death
Coronary Occlusion
Due to Chr. Valvular Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Further 39121 41
1937

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Bauer M. D.
Address 801 Fremont Ave Date signed 2-24-41
Howard J. Andersen M. D.

VS 8

F 77782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77782
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital DA
(d) Length of stay in hospital of inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Imhoff Birth F 19734

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife Nov 30/40

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 2 | Days: 29 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William L. Imhoff

13. Birthplace Pa

MOTHER 14. Maiden Name Helen Tamenmann

15. Birthplace Balto Md.

16 (a) Informant William L Imhoff

(b) Address 103 N Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24/41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto Md.

18 (a) Funeral director Tilly & Zerbst

(b) Address 403 S Monroe St

19 (a) FEB 22 1941 (Date rec'd by registrar) (b) Huntington Hilliard, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 10:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Tubular pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wade Zerbst M.D.
Medical Examiner.

Date signed 2/24/41

VS 6

F 77783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 77783

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Cliftview ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Cliftview ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Hubbard.

3 (b) If veteran, name war No

3 (c) Social Security Account No. 219-01-8172

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Widower Married

6 (b) Name of husband or wife Ida M. Hubbard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1865

8. AGE: Years 75 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Type setter

11. Industry or business

FATHER
12. Name Thomas J. Hubbard.
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla Brooks
15. Birthplace Md.

16 (a) Informant Ida M. Hubbard (Wife)
(b) Address 1623 Cliftview ave.

17 (a) Burial. (Burial, cremation, or removal) **(b) Date thereof** Feb 24/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North ave. Ext.

18 (a) Funeral director Leilly and Zeiler inc.
(b) Address 403 E. Wolfe st

19 (c) FEB 22 1941 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1941, at 6-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1941 to February 20 1941, and that I last saw h alive on Feb. 20, 1941.

Immediate cause of death
Chronic Myocarditis
Mitral Stenosis

Due to

Due to

Other Conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Meuker M.D.
Address 1912 E. North Ave **Date signed** 2/24/41

VS 3

77781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77784 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 Middleton Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Middleton Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Mrs. Ida D. Langsdale

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thaddeus Langsdale

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 23-1859

8. AGE: Years 81 | Months 9 | Days 28 | If less than one day: hr. min.

9. Birthplace: Quantico Accomico Co. Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Uriah Phillips
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Faller
15. Birthplace: Maryland

16 (a) Informant: R. Loran Langsdale
(b) Address: 4 Middleton Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 24-1941 (month) (day) (year)
(c) Cemetery or crematory: Mardela Springs
Location: Accomico Co. Md.

18 (a) Funeral director: Horace F. Burgee
(b) Address: 3631 Falls Road

19 (Date rec'd by registrar) FEB 22 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 21- 1941, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1941, to 2/21 1941, and that I last saw her alive on 2/20 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days.

Due to: Probable coronary sclerosis.

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Willis Guyton
Address: 3963 Greenmount Ave. Date signed: 2/23/41 M.D.

VS 3

F 77785 KerFoot X F 77785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 540a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 184 Virginia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Edna Kerfoot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband ~~remits~~ Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/94

8. AGE: Years	Months	Days	If less than one day
46	3	24 23	hr. min.

9. Birthplace Hagerstown W Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Jesse Daily
13. Birthplace Md

MOTHER
14. Maiden Name Alice Heinsecker
15. Birthplace Md.

16 (a) Informant Richard Kerfoot
(b) Address Hagerstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown, Maryland

18 (a) Funeral director C. M. Suter Sons
(b) Address 305 N. Potomac St.

19 (a) FEB 22 1941 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-41 19 , at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21-1941 to 2-22-41 19 , and that I last saw h[illegible] alive on 2-22-41 19 .

Immediate cause of death
Intracranial Prssure — Duration 8 days
Due to Left frontal lobe glioma - brain — 2 mo
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Left frontal lobe glioma - brain
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Williams M. D.
Address Univ. Hosp. Date signed 2-22-41

77786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a

Registered No. F 77786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Rodale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Rodale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie A. Ennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm Ennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1854

8. AGE: Years	Months	Days	If less than one day
86	9	24	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Bartholomew Mathews

13. Birthplace Va

MOTHER 14. Maiden Name Mary Grace Bacon

15. Birthplace Va

16 (a) Informant Mrs Ella M. Edwards

(b) Address 3110 Rodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory Druid Hill, Md

Location

18 (a) Funeral director Leonard J. Kuck

(b) Address 5-30 Harford Rd.

19 (a) FEB 22 1941 (Date rec'd by registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Feb 21 1941 and that I last saw h er alive on Feb 21 1941.

Immediate cause of death	Duration
Chr. Myocarditis	1 yr +
Due to	
Due to	
Other Conditions Nephrolithiasis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. Bacon

Address 2810 Taylor Ave Date signed 2/22/41 M. D.

77787

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH

Registered No. 77787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 Whitridge Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Whitridge Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cyrille Gill (Sheehan)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8-1892

8. AGE Years	Months	Days	If less than one day
48	2	13	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name John Sheehan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ellen Bagley
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Eugene Sheehan
(b) Address 11 E. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Mem
Location Frederick Rd. Balto Co Md

18 (a) Funeral director John J. Haley Sons
(b) Address 1317 Light St

19 (a) Date received by Registrar FEB 22 1941 (b) Registrar Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 10 18 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to h death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 2/24/41

77788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. 77788

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 E. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian Borchardt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1936

8. AGE: Years	Months	Days	If less than one day
4	11		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Christian Borchardt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary McMulty
15. Birthplace Balto. Md.

16 (a) Informant Mary Borchardt
(b) Address 1812 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24-41 (month) (day) (year)
(c) Cemetery or crematory Balto. Co.
Location E. North Ave

18 (a) Funeral director John Q. Moran
(b) Address 3000 E. Balto St

19 (a) FEB 22 1941 (Date filed by Registrar) (b) Huntington Holliswood Rockland

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 41 at 9 15 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/18/41 6-4
(c) Where did injury occur? 1812 E. Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Playing with toy - clothes caught fire

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/24/41

VS 6

F 7789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 7789 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E 31st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma B. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	wh	Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5-1862

8. AGE: Years	Months	Days	If less than one day
78	5	16	hr. min.

9. Birthplace Colu. Ill. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business "

FATHER
12. Name J. Haggerman
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs. Wm. Leimkuhler
(b) Address 3302 W. Queen Lane Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Hunting Mill Rd.

18 (a) Funeral director John. A. Milan
(b) Address 3000 E. Balto. St.

FEB 22 1941 (Date rec'd by registrar)

19 (b) Registrar Huntington Hilliard, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941 at 2 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Multiple fractures Intracranial injury	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/21/41
(c) Where did injury occur? Clarksdale (City or town) Miss. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto

23. Signature H. H. Vandeusen M.D. Medical Examiner.
Date signed 2/24/41

77790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 77790

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Franklin Sq. Hosp. Baltimore
(a) Baltimore City, Maryland
(b) Street address Temple Gardens Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Gardens Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha W. Emerich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Harry L. Emerich
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1875

8. AGE: Years	Months	Days	If less than one day
65	2	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Winternitz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Belle Wheatfield
15. Birthplace Balto. Md.

16 (a) Informant Miss L. Winternitz
(b) Address Temple Gardens Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] (b) Huntington Williams, M.D.

FEB 26 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1941, to Feb 22 1941, and that I last saw her alive on Feb 22 1941.

Immediate cause of death	Duration
Coronary thrombosis	8 days
Due to	
Due to Hypertension + Arteriosclerosis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick Lentz M. D.
Address Temple Gardens Apts. Date signed 2-23-41

77791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

Registered No. 77791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7301 Parkheights Ave
(c) Hospital or institution: Ingram Hall Apts - # 208
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ingram Hall apt 208 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abram K Baer

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-05-9612

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Augusta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1884

8. AGE: Years	Months	Days	If less than one day
56	10	17/18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clothing Merchant
11. Industry or business

FATHER 12. Name Simon Baer
13. Birthplace Baltimore

MOTHER 14. Maiden Name Rachel Cohnheim
15. Birthplace

16 (a) Informant Morton Dalsimer
(b) Address 5503 Rush Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/41 (month) (day) (year)
(c) Cemetery ~~crematory~~ Hebrew Friendship Location Balto. Md.

18 (a) Funeral director David Sindlinger Son
(b) Address 902 Eastern Place

19 (a) FEB 22 1941 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1941, at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2/21/41
(c) Where did injury occur? 7301 Park Hts Ave Apt 208 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by small cord around neck

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/21/41

77792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178a

Registered No. 77792

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemmay Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 N. Green Street (If rural give location)
from Pa
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Stewart

3 (b) If veteran, name war -

3 (c) Social Security Account No. 213-18-3535

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irene -
6 (c) If alive, give age Living years

7. Birth date of deceased (mo., day, yr.) Nov 4 1866

8. AGE: Years	Months	Days	If less than one day
72 74	3	15	hr. min.

9. Birthplace Franklin Co - Pa (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Blind Weaver Corp.

FATHER
12. Name Wm H. Stewart
13. Birthplace Franklin Co - Pa

MOTHER
14. Maiden Name Jane Brown
15. Birthplace Franklin Co Pa

16 (a) Informant Mr. Jack Long - grandson
(b) Address 5306 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22/41 (month) (day) (year)
(c) Cemetery or crematory New Cumberland Pa.
Location

18 (a) Funeral director Sol Lichtmans Bros
(b) Address 1124-26 W. North ave

19 (a) FEB 22 1941 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-1941, at 3 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia
Due to Intoxication of alimentary
Due to Sen.
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-19-1941 4-2
(c) Where did injury occur? 313 N. Green Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - Rooming House While at work? No (Specify type of place)
(e) Means of injury Intoxication + alimentary Sen

23. Signature Howard J. Kneeland Medical Examiner. M.D.
Date signed 2-22-41

(OVER)

VS 6

77793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77793 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 S. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Lilie Klasek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 25 - 1940

8. AGE: Years | Months: 3 | Days: 27 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Alexander Klasek
13. Birthplace Baltimore

MOTHER 14. Maiden Name Bessie Wagner
15. Birthplace Baltimore

16 (a) Informant Bessie Klasek
(b) Address 412 S. Ann St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb. 24 - 41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) FEB 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1941, at 5 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 22 1941, and that I last saw her alive on Feb 21 1941.

Immediate cause of death Bronchio pneumonia — Duration 2d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Foley, M. D.
Address 1121 Cathedral St. Date signed 2/22/41

VS 3

F 77794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 N. Duncan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 N Duncan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Sluka

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Sluka
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1898

8. AGE: Years	Months	Days	If less than one day
43		21 20 hr.	min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Painter
11. Industry or business

FATHER
12. Name Charles Sluka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Marie Holecek
15. Birthplace Bohemia

16 (a) Informant Catherine Sluka
(b) Address 409 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Zerachi & Son
(b) Address 409 N. Chester St.

19 (a) FEB 21 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1941, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941 to Feb 21 1941, and that I last saw h wife alive on Feb 20 1941.

Immediate cause of death
Uremia Feb 17
Due to Hypertension
Due to Myocarditis

Duration
1941
1940
6yrs

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kaufman M. D.
Address 2525 Poplar Date signed 2-21-41

F 77795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 77795

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days) 26 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Falcone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/27/41

8. AGE: Years | Months | Days 26 | If less than one day hr. min.

9. Birthplace Aberdeen Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Falcone
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Helen Yoman
15. Birthplace Washington, D.C.

16 (a) Informant Father
(b) Address Aberdeen Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23-1941 (month) (day) (year)
(c) Cemetery or crematory Grace
Location Aberdeen Md

18 (a) Funeral director Henry Tanney & Son
(b) Address Aberdeen Md

19 (a) Registered FEB 25 1941 (b) Huntington Hollingsworth, M.D.
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1941, to Feb 22 1941, and that I last saw h[illegible] alive on Feb. 22 1941.

Immediate cause of death Bilateral Bronchopneumonia — Duration 3d.

Due to

Due to

Other Conditions Prematurity
(Include pregnancy within 2 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy M. D.

Address Mercy Hospital. Date signed

Franklin F 77796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Hollins st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Hollins st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19

3 (a) FULL NAME Edith E Stout

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cheston H Stout

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 1883

8. AGE: Years 57 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George C Mayl

13. Birthplace Balto Md

MOTHER 14. Maiden Name Annie E Mueller

15. Birthplace Balto Md

16 (a) Informant Cheston H Stout

(b) Address 1704 Hollins st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director George A Fahey

(b) Address Fulton Ave Lafayette

FEB 22 1941 (Date Rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1941, at 1P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1940 to Feb 20 1941, and that I last saw h[illegible] alive on 2/20 1941.

Immediate cause of death Cerebral Hemorrhage 2 hrs

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence H. Edmondson

Address 1945 N. Balto Date signed 2/27/41

VS 2

F 77797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ F 77797
134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams + Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County formerly Queen Anne's
(c) City or town Queen Ann.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 64
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Todd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Myrtle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 45 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Dont know
13. Birthplace Dont know

MOTHER 14. Maiden Name Dont Know
15. Birthplace Dont know

16 (a) Informant Hospital Records
(b) Address St. Agnes Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1941 (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cem.
Location Queen Anne Md.

18 (a) Funeral director John Uffleh
(b) Address 6002 Belair Rd

19 (a) Feb 23 1941 (b) Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1941, at 4:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1941, to 2-22 1941; and that I last saw h. alive on 2/22 1941.

Immediate cause of death Bilateral nephrolithiasis. Colon bacillus pyelonephritis; Due to Colon septicemia. pulmonary embolus!

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. Cairns M. D.
Address Date signed

VS 3

F 77798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77798 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME David Fagan

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-5206

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Widower
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 72 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Safety Tailor

FATHER
12. Name Schmuck Fagan
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Pike & Hamilton Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St.

FEB 22 1941 (Date received by Registrar) (b) Huntington Williams Memorial

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/41 19 , at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 19 41 to 2/21/ 19 41, and that I last saw h alive on 2/21/41 19 .

Immediate cause of death: Pulmonary edema — Duration: 4 hours
Due to Acute cardiac failure
Due to Coronary Thrombosis. due to arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Hess M. D.
Address Sinai Hospital Date signed 2/21/41

3B 24799 53 ✓ F 77799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 E Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? 24 years

3 (a) FULL NAME Dr Aaron A. Bross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rachael

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 2-23-79

8. AGE: Years	Months	Days	If less than one day
61 62	11	29	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore (Baltimore Co.)

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) FEB 23 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to Feb 22 1941, and that I last saw h/M alive on Feb 22 1941.

Immediate cause of death
Arteriosclerotic Heart disease with Cardiac failure and Uremia — Duration 3 wks

Due to

Other Conditions Bronchopneumonia — 1 wk.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dana W. Bross
Johns Hopkins Hosp. Date signed 2-23-41

VS 8

FORM WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3525 Oakmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3525 Oakmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Sarah Weisman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Abraham

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 64 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gadalia
13. Birthplace Russia

MOTHER
14. Maiden Name Zeldy
15. Birthplace Russia

16 (a) Informant Abraham Weisman
(b) Address 3525 Oakmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Old Harford Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (b) [illegible] (Registrar)

FEB 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22 1941, at 9-45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 6, 1941 to Feb 22, 1941, and that I last saw h alive on Feb 21, 1941.

Immediate cause of death: Arteriosclerotic CVD with Hypertension — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Susaman M. D.
Address 3441 Futaw Pla Date signed Feb. 22, 1941

F 77801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 77801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME GETZEL CHAMISH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bella

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 12-1-1882

8. AGE: Years	Months	Days	If less than one day
58	2	20	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Chaim Chamish
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Bella Chamish
(b) Address 1822 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Section H Lot

18 (a) Funeral director Jack Levin Sons
(b) Address 1443 E. Balto St.

19 (a) 2-23-1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1941, at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941, to 2-21-1941, and that I last saw h alive on 2-21 1941

Immediate cause of death Pulmonary Embolism?

Duration 20 days

Due to Prostatectomy

Due to

Other Conditions Benign hypertrophy Prostate

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign hypertrophy Prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold U. Ivseed M. D.
Address Sinai Hospital Date signed 2/24/41

F 77802
393230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-W Registered No. ✓ F 77802

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 & 5-4 Harlem (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Bertha Wolle

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank Wolle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-60

8. AGE: Years 61 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Everett Penn. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Abe Bussard
13. Birthplace Pa.

MOTHER
14. Maiden Name Susie Ritchy
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 24 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date received by registrar) **(b)** Health Department, Baltimore, Md. Registrar

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 3 h M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941, to Feb 21 1941, and that I last saw h e alive on Feb 21 1941.

Immediate cause of death	Duration
Cardiac Asystole	
Due to Digitalis Poisoning	1 day
Due to	
Other Conditions Ovarian Cancer 2 metastases (Include pregnancy within 3 months of death)	1 month

Major findings:
Of operations
Of autopsy Extensive Cancer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tierney M D
Address J-H-H. **Date signed** 2-21

F 77803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-4

F 77803

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 4307 Reisterstown Road
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26, 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2258 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Yoffe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Tillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Harry Yoffe
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel ?
15. Birthplace Russia

16 (a) Informant Benjamin Yoffe
(b) Address 2258 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 23, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

(a) FEB 23 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb, 22, 1941, at 1.30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 1, 1941, to 2/22 1941, and that I last saw h[illegible] alive on 2/21 1941.

Immediate cause of death: Asphyxia by strangulation Carbo-Vascular Renal disease — Duration ?
Due to Old age.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Bluem M. D.
Address 1206 E. Preston St Date signed 2/22/41

Physician for Williams, M.D.

F 77804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30-D F 77804

1. PLACE OF DEATH West Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No.) Dukeland & Payson St. 15 Ward D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Kliroze — If U. S. Veteran specify WAR

(a) Residence: No. 2300 Ocala Ave St., Ocala Ward — S.S. 218-14-6059

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) Dec 6, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Abraham Joseph Kliroze

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Fanni Bazan

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Samuel Kliroze

(Address) 3815 Menlo Drive.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mt Carmel Date Feb 23 1941

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W Baltimore

20. FILED 19

Registrar.

Huntington Williamsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1941

22. I HEREBY CERTIFY, That I attended deceased from February 16. 1941 to February 24. 1941

I last saw her alive on February 21. 1941 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm Abdominal Aorta	
Post Operative Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Yes Date of February 21/41

For what disease or injury? Duodenal ulcer

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Wallenstein M. D.

(Address) Lutz

VS 3

FEB 23 1941

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77805 HEALTH DEPARTMENT—CITY OF BALTIMORE F 77805

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp St. 15-W Ward) 107

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seriman Rubenstein

If U. S. Veteran specify WAR

(a) Residence: No. 1649 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): June 17, 1878

7. AGE: Years 62 | Months 8 | Days 5 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocer Store

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mordica Rubenstein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Drada ?,

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dorothy Rubenstein
(Address) 1649 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave Date Feb, 23, 1941

19. UNDERTAKER: Sol Levinson & Bros
(Address) 1124 1126 W North Ave

20. FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 19 41, to Feb 23, 19 41

I last saw [illegible] alive on Feb. 23, 19 41 Death is said to have occurred on the date stated above, at 1.03 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Levallenstein M. D.

(Address) 1124 W North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 23 1941

F 77806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Two days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Worcester
(c) City or town Rural - Pocomoke
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fletcher A. Miles

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Sue Miles
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 2/21/97

8. AGE: Years 43 | Months | Days 2 | If less than one day: hr. min.

9. Birthplace New Church, Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Self

FATHER
12. Name Darious P. Miles
13. Birthplace New Church, Virginia

MOTHER
14. Maiden Name Elizabeth Hickman
15. Birthplace Pocomoke, Maryland

16 (a) Informant Wife Sue Miles
(b) Address Pocomoke, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23/41 (month) (day) (year)
(c) Cemetery or crematory New Church
Location U.S.

18 (a) Funeral director John T. Mitchell
(b) Address Grace Eastaw Place (Funeral Home) Pocomoke City, Md.

19 (a) FEB 23 1941 (Date received by local registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1941, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21/41 19..., to 2/23/41 19..., and that I last saw him alive on 2/23/41 19...

	Duration
Immediate cause of death: Acute Intestinal Obstruction due to Remnants of	
Due to: Obliterated Vitelline Duct	5 days
Acute Peritonitis	
Due to: Intestinal Obstruction	
Other Conditions: Gangrene of small Intestine	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gangrene Small Intestine - Acute Peritonitis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmons Y. Gladhill M. D.
Address U.S. Marine Hospital Date signed 2/23/41

F 77807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 77807

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 S. Chester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME DOMINICK MROZINSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Maryanna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1852

8. AGE: Years	Months	Days	If less than one day
88	6	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary Mrozinski
(b) Address 517 S. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave.

19 (a) FEB 23 1941 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1941, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Feb 20 1941, and that I last saw him alive on Feb 20 1941.

Immediate cause of death: Terminal Bronchopneumonia — Duration: 1 wk.
Due to: Senile Chr. Myocarditis, Endocarditis, Arteriosclerosis — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Stevens Jr. M.D.
Address 1000 E. Baltimore St. Date signed 3/1/41

VS 2

F 77808 ✓ F 77808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Gilmor St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Carter

If U.S. Veteran specify WAR .....

(a) Residence: No. 1531 Gilmor St., ... Ward 5.5.218-03-0891

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 17, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Conley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Carter

(Address) 1560 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 2-24 1941

19. UNDERTAKER George E. Kelson

(Address) 1307 Greenmount Ave

Inverness on Pottsville, Md.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1941, to Feb 20, 1941

I last saw him alive on Feb 20, 1941 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1940
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. William Frey M. D.

(Address) 1908 Penna Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 23 1941

F 77809

BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 77809 Registered No.

CERTIFICATE OF DEATH 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Corkysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Sherwood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Rentzel

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-10-7279

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Martha Rutledge

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 8 1874

8. AGE: Years 67 | Months — | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Hanover Pa.
(Town, county, and state)

10. Usual Occupation Toolmaker

11. Industry or business

FATHER 12. Name Wm. Rentzell
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Margaret Koontz
15. Birthplace Pa.

16 (a) Informant Mrs. R. A. Rentzell
(b) Address Corkysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-41 (month) (day) (year)
(c) Cemetery or crematory West Liberty Cem. ~~Woodlawn~~
Location Balto. Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md

FEB 23 1941 (Date rec'd by registrar) (b) 11-14 (Registrar's No.)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 8 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to h.i.s death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Pelham S. McGuckin M.D.
Medical Examiner
Date signed 2/22/41

F 77810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 77810 Registered No. #

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Broadway & Fairmount.
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 yrs. years

3 (a) FULL NAME Michael Joseph Ginty

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Ginty (Maiden name)
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 22 1868

8. AGE: Years	Months	Days	If less than one day
72	5	29	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired Master Mechanic
11. Industry or business Bath. St. Co.

FATHER
12. Name Michael Ginty
13. Birthplace England

MOTHER
14. Maiden Name Katherine Morley
15. Birthplace England.

16 (a) Informant Wife Mary Ginty
(b) Address 2609 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Md.

18 (a) Funeral director George J. Roth Inc.
(b) Address 1736 Harford Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 41, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 19 41, to Feb 21 19 41, and that I last saw him alive on Feb 21 19 41.

	Duration
Immediate cause of death Cerebral Thrombosis - Hemiplegia	1 day
Due to Arterio sclerosis Hypertension -	
Due to Hypertensive H.D. - Arteriosclerosis	
Other Conditions Diabetes Mellitus. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Kaufmann, Jr. M. D.
Address Church Home & Inf. Date signed 3/24/41

VS 3

Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

77811 F 77811

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Cumberland St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel D. Hill

If U. S. Veteran specify WAR

(a) Residence: No. 726 Cumberland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cassie Hill

6. DATE OF BIRTH (month, day, year): Nov 8, 1869

7. AGE: Years 71 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Henry Hill

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Louise Hill

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lovenia Bartlett

(Address): 726 Cumberland St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place: Laney town Md Date: Feb 25 1941

19. UNDERTAKER: C. D. Russ & Son

(Address): Laneytown Md

20. FILED: 1941 Huntingtown Williamsport Md

FEB 23 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 —, 19 41

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 — 41 to Feb 23 —, 19 41

I last saw him alive on Feb 5 — 41. Death is said to have occurred on the date stated above, at 5:30 Am

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Hemorrhage Lesion of Heart	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Coleman M. D.

(Address) 2039 McCulloh

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77812 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) None

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 West Baltimore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Scott

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex Male

5. Color or race C.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years (?) 65 yr. | Months | Days | If less than one day hr. min.

9. Birthplace (?) Bel Air, Harford County, Md (Town, county and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Daughter, Dora Scott
(b) Address 238 W. Baltimore St., Bel Air, Md

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory Mountain
Location Joppa Road

18 (a) Funeral director Chas E. Goss
(b) Address Benson Ave

19 (a) Filed Feb 23 1941 Huntington Hillegass, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1941, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1941, to 2-22 1941, and that I last saw him alive on 2-22 1941.

Immediate cause of death Meningitis — Duration 4 days
Due to Meningococcus
Due to
Other Conditions Uremia — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy To be done 2-22-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Rose M. D.
Address Sydenham Hospital Date signed 2-22-41

F 77813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. E 77813

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 E. 24th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 E. 24th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Webster Adams.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-8048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Orah Varney Adams
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	19	hr. min.

9. Birthplace Nansemond Co. Va. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Printing

FATHER
12. Name Isaac N. Adams.
13. Birthplace Accomac Co. Va.

MOTHER
14. Maiden Name Jane Westcott
15. Birthplace Isle of Wight Co. Va.

16 (a) Informant Mrs. Orah V. Adams
(b) Address 303 E. 24th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md.
Location Balto. Co.

18 (a) Funeral director Sarina Bros.
(b) Address 5045 Pk. Heights Ave.

19 (a) Huntington Williams, M.D. Registrar
FEB 22 1941

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1941, at 9:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1941 to Feb. 20 1941, and that I last saw h[illegible] alive on Feb. 20 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to
Due to
Other Conditions Hypertension & Arteriosclerosis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard L. Beach M. D.
Address 2229 St Paul St. Date signed 2/22/41

M. D. B. 126

F 77814 Timanus

✓ F 77814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Dupont St. Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edwin E Timanus

(a) Residence: No. 3314 Dupont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Timanus

6. DATE OF BIRTH (month, day, year): March 27th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent at this occupation: life time

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edw. Flavel Timanus

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mathilda E Frazier

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Nellie G. Flautt

(Address) 5339 Mahle Ave

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place Sunday Cem. Balto Co. Date 2-24 1941

19. UNDERTAKER: Lanning Bros

(Address) 5005 Park Heights Ave

20. FILED FEB 23 1941 Huntington Wells Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1940 to Feb 21. 1941

I last saw him alive on Feb 20 1941 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
De compensation of Chronic Myocarditis	Oct 1940
Other contributory causes of importance: Chronic Bronchitis	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. D. Eyler M. D.

(Address) 4936 Park Heights Ave

V. S. 2

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77815

Paszkiewicz

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 248 S. Callington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 248 S Callington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maryanna Paszkiewicz

3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Frank Paszkiewicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
59	5	8	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Olsnik
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Genevieve Dekowski
(b) Address 248 S. Callington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 461 S Chester Street

FEB 24 1941 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1941, at 9.53 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940 to Feb 19 1941, and that I last saw h[illegible] alive on Feb 19 1941

Immediate cause of death CEREBRAL HEMMORRHAGE — Duration 1 day
Due to ARTERIOSCLEROTIC, HYPERTENSIVE, CARDIO — Duration APRIL 1940
Due to VASCULAR DISEASE
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph F. Donga M. D.
Address 209 S. Chester St. Date signed 2/20/41

F 77816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106

F 77816 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1916 Lord St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1916 Lord St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis I. Knauff

3 (b) If veteran, name war No

3 (c) Social Security Account No. 217-07-6954

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ wife: Bridget Knauff

Deceased 6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Feb 22nd 1874

8. AGE: Years: 67 Months: 0 Days: 0 If less than one day: hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carpenters Helper

FATHER 12. Name George W. Knauff

13. Birthplace Pa

MOTHER 14. Maiden Name Margaret Mills

15. Birthplace Ireland

16 (a) Informant Catherine M. Schoenkling

(b) Address 1502 Malster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St Peters

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

FEB 24 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1941 to Feb 22 1941, and that I last saw h~~im~~ alive on Feb. 22 19 41

Immediate cause of death	Duration
Due to Lobar Pneumonia	36 hrs
Due to Cerebral Hemorrhage	30 min
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edwin K. Ballard M. D.

Address 1622 Mt Royal Ave Date signed Feb 24 1941

F 77817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 77817

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie S. Carter

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Ernest —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Nun
11. Industry or business At Home

FATHER
12. Name John B. Wellemer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Susannah M. Albergo
15. Birthplace Baltimore Md

16 (a) Informant Mr B Faust
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 6217 St. Paul St

19 FEB 24 1941 (Date rec'd by registrar) (Signature) Hunting or Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 7:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Multiple Fractures	
Due to	
Due to	
Other Conditions Coronary arteriosclerosis, Edema (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/13/41
(c) Where did injury occur? Kenwood Ave Cross Country Blvd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Slipped on wet street

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/24/41

VS 6

F 77818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 F 77818 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers
(c) Hospital or institution: Home for Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Forrester

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 14th 1868

8. AGE: Years	Months	Days	If less than one day
73	1	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name Allen Forrester
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Caroline Orrick
15. Birthplace Balto. Md.

16 (a) Informant Records Home for the Aged of the M.E. Church
(b) Address 2211 Rogers St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul st

19 (a) Filed FEB 24 1941 (b) [illegible] (Date received by Registrar) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21st 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1941 to Feb 21 1941, and that I last saw her alive on Feb. 21 1941.

Immediate cause of death: Hypostatic Pneumonia
Due to: Acute Bronchitis.
Due to:
Other Conditions: Myocarditis Failure
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hoge E. Shannon M.D., M. D.
Address 200 N. Fulton Ave Date signed 2/22/41

F 77819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 77819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Regua

3 (b) If veteran, name war: NC
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Globe Regua
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 8th 1875

8. AGE: Years	Months	Days	If less than one day
65	11	13	____ hr. ____ min.

9. Birthplace Easton Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Nora Hoerl
(b) Address 109 S. London Ave

17 (a) Burial (b) Date thereof 2/24/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location a. a. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ____ (b) ____ Registrar
(Date received by local registrar)

FEB 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21st 1941, 2m P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1940 to Feb 21 1941, and that I last saw her alive on Feb 21 1941

~~Immediate cause of death~~ Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. M. Fullerton

Address 2324 Reisterstown Rd. Date signed 2/22/41

F 77820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 77820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Southern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gordon C. Butz Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1939.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	4	7		

9. Birthplace Balto Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gordon Clarkson Butz Sr.
13. Birthplace Balto Maryland

MOTHER
14. Maiden Name Elsie A Trout
15. Birthplace Balto Maryland

16 (a) Informant Gordon C Clarkson Butz Sr.
(b) Address 3105 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Mayland Park
Location Balto Co Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Date rec'd by registrar) Feb 24 1941 Herrington Hollinsworth, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941 to Feb 22 1941, and that I last saw him alive on Feb 22 1941.

Immediate cause of death
Cachexia - Malnutrition
& metastatic Sarcoma
Due to
Sarcoma
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized Sarcomatosis

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 2-28-41

F 77821

63741 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 77821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1459 Hull Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Charles Lem

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C Yellow	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
45 yrs.			hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business Self

FATHER
12. Name Lipsen Lem
13. Birthplace China

MOTHER
14. Maiden Name ?
15. Birthplace China

16 (a) Informant Records
(b) Address City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-91 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. J. MOWEN SUC.) 103 N. HOWARD AVENUE

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1991, at 9 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1991 to 2-22 1991, and that I last saw h. alive on 2-22 1991

Immediate cause of death: Cardiac Failure Acute — Duration: 1 hr

Due to: Ruptured Peptic Ulcer- — Duration: ?

Due to: or Cancer — Duration: ?

Other Conditions — Duration: over

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. E. H. SMOAK

Address Date signed M. D. 2-23-91

F 77822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-GF 77822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Mc Cabe Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Mc Cabe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Wagner
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Pauline Wagner
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 25 - 1891

8. AGE: Years	Months	Days	If less than one day
49	1	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation News Boat
11. Industry or business Superviser

FATHER
12. Name Jacob Wagner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Martin
15. Birthplace Germany

16 (a) Informant Mrs Pauline Wagner
(b) Address 618 Mc Cabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 (a) (b) Registrar

FEB 24 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 24 1941, at 10 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941, to Feb 24 1941, and that I last saw him alive on Feb 20 1941.

Immediate cause of death Carcinoma of Pancreas — Duration 5 mos +
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D. Lipsey, M. D.
Address 43 W. Pratt St. Date signed 2/26/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 77823

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1747 Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 Monroe St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geo. W. Mutes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
mal	W	married

6 (b) Name of husband or wife Margie A Mutes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-1857

8. AGE: Years	Months	Days	If less than one day
57	9	1	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John W Mutes
13. Birthplace Va

MOTHER
14. Maiden Name Julia A Hopkins
15. Birthplace Va.

16 (a) Informant Margie A Mutes
(b) Address 1747 Monroe St

17 (a) Burial (b) Date thereof 2-27-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Flynn
(b) Address 1205 Harford Ave

19 (a) (b) Mailing to Hillsboro, W. Va.
(Date received by registrar)

FEB 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25-1937, to 2-21-1941, and that I last saw him alive on 2-20 1941.

Immediate cause of death — Duration
Cerebral Hemorrhage — 2/3/41
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno. B. Gilbert M. D.
Address 1202 Harford Ave Date signed 2-22-41

F 77824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

F 77824 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Somerset St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5/1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Somerset St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addison C. Aquilla

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2028

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8. 1892

8. AGE: Years	Months	Days	If less than one day
48	5	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER 12. Name Samuel Aquilla

13. Birthplace Md.

MOTHER 14. Maiden Name Patience R. Savoy

15. Birthplace Md.

16 (a) Informant Alice R. Dansbury

(b) Address 506 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Balto. Md.

18 (a) Funeral director Joseph G. Locke Jr

(b) Address 1804 N. Central Ave

FEB 24 1941 Harrington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1941 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941 to 2-21 1941 and that I last saw h[illegible] alive on 2-21 1941.

Immediate cause of death: Acute Lobar Pneumonia — Duration 2-8 1941

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo S. Dallam M.D.

Address 50 [illegible] St. Date signed 2-23-41

F 77825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 77825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Jefferson St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Helen Deaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1848

8. AGE: Years	Months	Days	If less than one day
92 91	7	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Charles Deaver
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann ?
15. Birthplace Md.

16 (a) Informant Alice Waring Wilson
(b) Address 754 Dolphin St.

17 (a) Burial (b) Date thereof 2/24/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Arbutus, Md.

18 (a) Funeral director Joseph G. Locke, Jr.
(b) Address 1304 N. Central Ave.

19 (a) 2-24 1941 (b) Wilmington, Delaware, Md.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1941, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1941, to 2-21 1941 and that I last saw h alive on 2-21 1941.

Immediate cause of death — Duration

Chronic Myocarditis — Dec 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen, M.D.
Address 507 Dunguth St. Date signed 2-23-41

F 77826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77826 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 So. Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Reeder

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-5346

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence Reeder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/5/1879

8. AGE: Years	Months	Days	If less than one day
61	3 2	16/15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Blakefire Co.

FATHER
12. Name Charles J. Reeder
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lucinda Bain
15. Birthplace Baltimore, Md. Ire.

16 (a) Informant Mrs Daisy M. Stu[illegible] SN 663
(b) Address 2607 Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Tickert & Son
(b) Address 2600 Garrison Blvd Baltimore, Md.

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21, 1941, at 7:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Helbig M.D.
Medical Examiner
Date signed 2/22/41

F 77827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77827

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 E. Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elias Boyd

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Georgia Boyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1881

8. AGE: Years	Months	Days	If less than one day
(60) 59			hr. min.

9. Birthplace King Queen Co Va
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Charles Boyd
13. Birthplace King Queen Co. Va

MOTHER
14. Maiden Name Adline Smith
15. Birthplace King Queen Co. Va

16 (a) Informant Mrs. Anita Hall
(b) Address 1835 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A-A-Co. Md.

18 (a) Funeral director Robert Williams.
(b) Address 1515 Mulliken St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar
FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1941, at 10 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1940, to 2-19 1941, and that I last saw him alive on 2-11 1941.

Immediate cause of death: Cerebral hemorrhage — Duration 1 day

Due to: Hypertensive cardio-vascular disease — Duration yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison St. Date signed 2/22

F 77828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A F 77828 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Cordelia Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5008 Cordelia Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RUBAN WESLEY HARE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Ann Hare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1871

8. AGE: Years	Months	Days	If less than one day
69	6	27	hr. min.

9. Birthplace Baltimore County, Maryland (Town, county, and state)
10. Usual Occupation Stone setter - retired
11. Industry or business

FATHER
12. Name Henry Hare
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Bollinger
15. Birthplace Maryland

16 (a) Informant Mrs. Mary A. Hare
(b) Address 5008 Cordelia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 19 41, at 1:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Feb 22 1941, and that I last saw him alive on Feb 21 1941.

Immediate cause of death	Duration
Uraemic Coma	2 days
Due to Hemiplegia	3 Mo
Due to Hypertension Nephritis	over
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Wells M. D.
Address 5276 Park Heights Av Date signed Feb 23 41

F 77829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77829
Registered No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 W. Baltimore Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 ✱
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 W. Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH E. JENKINS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Wm. J. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1855

8. AGE: Years	Months	Days	If less than one day
85	7	17	hr. min.

9. Birthplace Accomac Co., Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Topping
13. Birthplace Virginia

MOTHER
14. Maiden Name Hetty A. Bailey
15. Birthplace Virginia

16 (a) Informant Mrs. W. R. North
(b) Address 2115 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1941, at 7:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to Feb. 20 1941, and that I last saw her alive on 2-20 1941.

Immediate cause of death Senility — Duration
Due to Gen. Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Nice M. D.
Address 920 St. Paul Date signed 2-22-41

F 77830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 77830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA W. BLISS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles B. Bliss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1868

8. AGE: Years	Months	Days	If less than one day
72	6	17	hr. min.

9. Birthplace Harlansburg, Penna.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John White
13. Birthplace Unknown

MOTHER
14. Maiden Name ? Stevenson
15. Birthplace Unknown

16 (a) Informant Mr. John W. Bliss
(b) Address 2313 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Dorsey, Howard Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) FEB 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1941, at 3:12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1940, to Feb 22 1941, and that I last saw h[illegible] alive on Feb 21 1941.

Immediate cause of death	Duration
Carcinoma of transverse descending Colon – Metastases to liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of colon Resection of colon 4/10/40
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. L. Jones M. D.
Address 2818 A Pa Ave Date signed 2/24/41

VS 3

#60187 F 77831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3 F 77831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 101
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 North Arlington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lonnie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-5576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep.

6 (b) Name of husband or wife Mamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/1895

8. AGE: Years	Months	Days	If less than one day
45	7	6	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Moler helper
11. Industry or business

FATHER
12. Name Percy Williams
13. Birthplace North Carolina

MOTHER
14. Maiden Name Maggie Phillips
15. Birthplace North Carolina

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 25 41 (month) (day) (year)
(c) Cemetery or crematory Garrison N. C.
Location Garrison N. C.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

FEB 24 1941 (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1941, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941, to 2-21 1941, and that I last saw her alive on 2-21 1941.

Immediate cause of death
I (a) Pulmonary effusion — Duration 6 mos
I (b) Empyema — 6 mos
I (c) Pneumonia — 4 mos
Due to — 2 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto. City Hosp. Date signed 2-21-41

F 77832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1212 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Penna ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Gable

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife: Ida Gable
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Maryland (City or county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Elizabeth Hunstead
(b) Address 1212 Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 25 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 946 Penna ave

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1941 to Feb 21 1941, and that I last saw h[illegible] alive on Feb 21 1941.

Immediate cause of death	Duration
Central Pneumonia	1 day
Due to: consumption	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Stewart M. D.
Address 62 S. Franklin Date signed Feb 23

F 77833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 77833
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 N. Carrollton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 N. Carrollton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Moulden.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-1881

8. AGE: Years 59 | Months 3 | Days — | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business —

FATHER 12. Name Hillary Halland
13. Birthplace Md

MOTHER 14. Maiden Name Rodie Newell
15. Birthplace Md

16 (a) Informant Susie Rogers
(b) Address 1128 N. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 27 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

FEB 24 1941 (Deputy City Registrar) Washington, D.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/1941, at 6.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/1941, to 2/21/1941, and that I last saw h[illegible] alive on 2/20/1941.

Immediate cause of death — Duration

Due to Carcinoma of Breast — 1 yr 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Hurt Kerr
Address 1600 Lamont St Date signed 2/22/41

VS 3

3493A03

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 77834 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Washburn ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Sutcliffe

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Rose M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-91

8. AGE: Years	Months	Days	If less than one day
49	8	22	hr. min.

9. Birthplace N.J. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Contractor

FATHER
12. Name George Sutcliffe
13. Birthplace Scotland

MOTHER
14. Maiden Name SARAH Savy
15. Birthplace N.J.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 /41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941, at 6:44 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1941, to Feb 23 1941, and that I last saw HIM alive on Feb 23 1941.

Immediate cause of death	Duration
Carcinoma of prostate c metastases Uremia & Cardiac failure	
Due to Carcinoma of prostate c spinal metastases	
Due to 1 complete paralysis below T 6.	
Other Conditions Uremia. Cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H Semans M. D.
Address Johns Hopkins Hosp Date signed

F 77835

F 77835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Dumphrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rose Macken

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John
13. Birthplace ?

MOTHER
14. Maiden Name Mary Ross
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive
Location Randala Lorne

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 FEB 24 1941 (Date rec'd by registrar) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1941 19 11.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to Feb 21 — 1941, and that I last saw him alive on Feb 21 — 1941.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M.D.
Address 1631 E Narsh Av Date signed 2/22/41 M. D.

F 77836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-A

F 77836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 D

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5718 Greenspring Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick O. Roche

3 (b) If veteran, name war NB

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary A. Roche

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 5 - 1864

8. AGE: Years 76 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business

FATHER 12. Name Samuel Roche

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Donhoney

15. Birthplace Ireland

16 (a) Informant John F. Roche

(b) Address Cathedral & Madison Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 25 41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location

18 (a) Funeral director Chas. H. Ingue & Son

(b) Address 5518 Mt. Royal Ave.

19 (a) 24 1941 (Date rec'd by registrar) Harrington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2.22.41 19 , at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2.19 1941 to 2.22. 1941, and that I last saw him alive on 2.22 1941.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to

Due to Bronchopneumonia Chronic Nephritis, Uremia

Other Conditions Hydrothorax Ascites

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry A. Bruce M.D.

Address University Hosp. Date signed 2.22.41

VS 3

77837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 77837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Smith, Mr. George W. W (George W. W. Smith)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: BESSIE MAE SMITH

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept. 9, 1870

8. AGE: Years 70 | Months 5 4 | Days 12 13 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Mr. George W. W. Smith
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: ~~Mrs.~~ Mary L. Bond
15. Birthplace: Baltimore

16 (a) Informant: (Friend) Mrs. Mary B. Hopkins
(b) Address: 808 Park Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory: Greenmount Cemetery
Location:

18 (a) Funeral director: Chas. E. Sauer & Son Inc
(b) Address: 118 W. Mt. Royal Ave.

19 (a) ... (b) Thurlington Williams, M.D.

FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1941, at 5:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1941, to Feb 22 1941, and that I last saw h.l.v. alive on Feb 21 1941.

Immediate cause of death	Duration
(a) Lobar Pneumonia	
Due to (b) Pneumococcus	
Due to	
Other Conditions: Hypertension, Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Lobar Pneumonia, Rt. Upper Lobe

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Paul J. Kaminski M. D.
Address: Church Home Infirmary
Date signed 2/22/41

F 77838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Orford St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Orford St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora R. Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James Jackson | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1892

8. AGE: Years 49 Months 8 Days 7 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name West Barrington
13. Birthplace Va.

MOTHER 14. Maiden Name Ellen Barrington
15. Birthplace Va.

16 (a) Informant James Jackson
(b) Address 517 Orford St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Frances A Kemsley.
(b) Address 578 W Fayette St Huntington Williams, M.D.

19 (a) FEB 24 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 21 1941, and that I last saw her alive on Feb 20 1941.

	Duration
Immediate cause of death: Apoplexy	
Due to Cerebral Hemorrhage	
Due to Hypertension	7 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos J Woodridge M. D.
Address 7037 Lafayette Date signed 2-22-41

VS 3

Huntington Williams M.D.

77839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 77839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 Somerset St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Somerset St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Pinkett

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/6/90

8. AGE: Years	Months	Days	If less than one day
50	4		hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henie Pinkett
13. Birthplace Maryland

MOTHER
14. Maiden Name M. Hitch
15. Birthplace Maryland

16 (a) Informant Nancy Nutter
(b) Address 820 Somerset St

17 (a) Burial (b) Date thereof 2 25 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Co.

18 (a) Funeral director Laymen Sanders
(b) Address 1412 E Preston St

19 (a) FEB 24 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-1941 at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1941 to 2-23 1941
and that I last saw h[illegible] alive on 2/23 1941

Immediate cause of death: Bronchio-Pneumonia — Duration: 6 Dys

Due to: Work & Exposure

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake M.D.
Address 1327 N. Central Ave. M. D. Signed 2/24/41

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77840
8865-90

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

Registered No. E 77840

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alberta Coleman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-32

8. AGE: Years	Months	Days	If less than one day
8	11	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Lorenzo Coleman
13. Birthplace Md -

MOTHER
14. Maiden Name Mildred Baels
15. Birthplace Md -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 2 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940 to Feb 21 1941 and that I last saw h[illegible] alive on Feb 21 1941.

Immediate cause of death: Rheumatic heart disease — Duration: 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/21/41

VS 3

77841 Lawnow 131-D F 77841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 W. West St
(c) Hospital or institution: Balto. City
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Mamie Lawnow

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Ernest Lawnow
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 6/27/1879
8. AGE: Years 61 | Months June 7 | Days 27 24 | If less than one day — hr. — min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Smith Hudson
13. Birthplace Balto.

MOTHER
14. Maiden Name Louisiana Taylor
15. Birthplace Balto.

16 (a) Informant (Sister) Viola Hudson
(b) Address 119 W. West St

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 27 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Albion Cem
Location Balto
18 (a) Funeral director Walter R. Griggs
(b) Address 1310 W. Lanvale St.
19 (a) FEB 24 1941 (Date Rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 11:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 10th 1940, to Feb 21st 1941, and that I last saw h[illegible] alive on Feb. 26 1941.

Immediate cause of death: Endocarditis & Nephritis — Duration: over ✓
Due to ✓
Due to ✓
Other Conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jonny C Carson M. D.
Address 1016 E. Preston St Date signed 2-24-41

VS 3

77842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 77842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 St. Paul St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 yrs. years

3 (a) FULL NAME John Fletcher Apsey

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9446

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Eunice Martien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1863

8. AGE: Years	Months	Days	If less than one day
77	3	11	hr. min.

9. Birthplace Newfoundland (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business Real estate

FATHER
12. Name John S. Apsey
13. Birthplace Newfoundland

MOTHER
14. Maiden Name Fredericka Churchill
15. Birthplace Newfoundland

16 (a) Informant Mrs. Eunice M. Apsey
(b) Address 2118 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1930 to Feb 21 1941, and that I last saw him alive on Feb 20 1941

	Duration
Immediate cause of death: Chronic Myocarditis	4 years
Due to: Hypertension + Asthma	6 years
Due to:	
Other Conditions: Arteriosclerosis	4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Nathaniel M Abel M. D.
Address 2727 N. Charles St. Date signed

F 77843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 77843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar M. Challoner Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Jessie Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/82

8. AGE: Years 58 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman. Rose Packing Co.

11. Industry or business

FATHER
12. Name Thomas Challoner
13. Birthplace Engalnd

MOTHER
14. Maiden Name Mary E. Meredith
15. Birthplace Balto. Co. Md.

16 (a) Informant Edgar M. Challoner Jr.
(b) Address 1700 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Frederick Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 24 1941 (Date received by local registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940 to Feb 23 1941, and that I last saw him alive on Feb 23 1941

Immediate cause of death: Cerebral Hemorrhage - Pulmonary Edema — Duration: 1 wk

Due to: Chr. Bronchial Asthma & Chr. Pulmonary T. B. — Duration: 7 yrs.

Due to: — Duration:

Other Conditions: Chr. Myocarditis — Duration: 7 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: C
Of autopsy: C

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. B. Thompson M. D.
Address 1901 Eutaw Place Date signed

77844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77844 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Amelia Plunkett

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.) May 16 94

8. AGE: Years	Months	Days	If less than one day
71 76	9	—	hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)
10. Usual Occupation retired ✓
11. Industry or business ✓

FATHER
12. Name Michael H. Plunkett
13. Birthplace Ireland

MOTHER
14. Maiden Name Charlotte Yates
15. Birthplace Ohio

16 (a) Informant Katherine Plunkett
(b) Address 536 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Fred. Road, Balto, Md

18 (a) Funeral director John Mitchell Sons
(b) Address 1600 Eutaw Place

19 (a) FEB 24 1941 (Date received) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1941, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 2-23 1941 and that I last saw h[illegible] alive on 2-23 1941.

Immediate cause of death	Duration
1 Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hale Jr. M.D.
Address St Agnes' Hospital Date signed 2/23/41

(over)

F 77845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ Registered No. F 77845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Sheridan Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Benjamin Baker.
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Rose Baker
6 (c) If alive, give age 7 years
7. Birth date of deceased (mo., day, yr.) Aug 19 1877

8. AGE: Years	Months	Days	If less than one day
64	6	13	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Henry Baker
13. Birthplace Russia ?

MOTHER
14. Maiden Name Berman.
15. Birthplace Russia

16 (a) Informant Wife
(b) Address Same.

17. Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Rogis Pereire
Location Rosedale

18 (a) Funeral director Jos. Louis Sons
(b) Address 1439 E. Baltimore St

19 (a) 2/28/41 (Date rec'd by registrar) (b) Huntington Ave Synagogue *Registrar

VS-7

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941 to Feb 23 1941, and that I last saw h[illegible] alive on Feb 23 1941.

Immediate cause of death: Uraemia Obstruction Obstruction — Duration 2 d.
Due to Pneumonia Bronchopneumonia & Failure — 3 d.
Due to Arterio Sclerosis CV Disease. — ?
Other Conditions Prostatic Hypertrophy Edema
Uraemia Toxemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy M.D.
Address Mercy Hospital Date signed 2/25

77846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E ✓ F 77846 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reist. Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) VV yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Reistertown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? VV years

15 13

3 (a) FULL NAME ANNIE MILLER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MAX M. MILLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER 12. Name SIMON HOFFMAN
FATHER 13. Birthplace RUSSIA

MOTHER 14. Maiden Name ESTHER KIMMEL
MOTHER 15. Birthplace RUSSIA

16 (a) Informant MRS. GRONSON
(b) Address 2639 LOYOLA NORTHWAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP
Location E. BALTO. & CONKLIN ST

FEB 24 '41

18 (a) Funeral director Jack Levine Inc
(b) Address 1429 E Balto St

19 (a) (Date rec'd by registrar) Huntington Hilltop MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-41 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 41, to Feb 23, 19 41, and that I last saw her alive on Feb 22 19 41.

Immediate cause of death	Duration
Adenocarcinoma of Colon	
Due to metastasis	6 months
Due to metastasis	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eugene Covington M. D.
Address 3301 N. Charles St. Baltimore Date signed 2-23-41

F 77847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77847

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Parish St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Parish St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Walter Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mamie Green

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 55 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Rosie Brown
(b) Address 1123 Parish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Pleasant St

19 (a) FEB 24 1941 (Date rec'd by registrar) (b) Interment for Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19-1941, to 2-21-1941, and that I last saw him alive on 2-20-1941.

Immediate cause of death: Lobar pneumonia — Duration: 3 days

Due to: Unknown

Due to:

Other Conditions: Cerebal hemorrhage — 3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hamp D. Saunders, M.D.
Address 1029 N. Stricker St. Date signed 2-24-41

F 77848
393139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77848
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Pitcher (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-05-7373

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-11

8. AGE: Years	Months	Days	If less than one day
29	3	23	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Samuel Gaines
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Forrester
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Keelan
(b) Address 130 Preston

19 (a) FEB 24 1941 (Date rec'd by registrar) Interment in Hollins St.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 545 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to Feb 21 1941, and that I last saw h/M alive on Feb 21 1941.

Immediate cause of death Uremia — Duration 7 wks

Due to Hypertensive cardio-vascular-renal disease. — indefinite

Due to Chronic glomerulo-nephritis

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Small, scarred kidney.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lincoln Jr. M. D.
Address Johns Hopkins Hosp. Date signed

F 77849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-H

F 77849 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 W. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Victor Thomas

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. 212-14-1087

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helena Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1904

8. AGE: Years 37 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Emma Tilliage
15. Birthplace Va

16 (a) Informant Emma Harris
(b) Address 931 W. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 504 W. Caroline St.

19 FEB 24 1941 (Date rec'd by local registrar) (Attesting for Wallis Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1941 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1941, to Feb. 21 1941 and that I last saw him alive on Feb. 18 1941.

Immediate cause of death Retroperitoneal sarcoma (Metastasis)

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Bothell M. D.
Address Johns Hopkins Date signed Feb. 21

VS 8

F 77850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 ✓

F 77850 Registered No.

BIRTH CERT. # F 20530

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Watson Birth F 20530

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 12/14/40 or 41

8. AGE: Years	Months	Days	If less than one day
	2		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Willie Watson
13. Birthplace Unknown

MOTHER
14. Maiden Name Ethel Watson (Maiden name Unknown)
15. Birthplace Unknown RODGERS

16 (a) Informant Ethel Watson
(b) Address 915 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-194 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Baltimore Md.

18 (a) Funeral director Upperman & Sons & Knight
(b) Address 1218 N. Eden St.

19 (a) (Date received by registrar) (b) Filing No. Volume III

FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 5.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1941, to Feb. 23 1941, and that I last saw him alive on Feb. 23 1941

Immediate cause of death Diarrhea or enteritis — Duration 5 days

Due to Faulty feeding

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Pennington Thurmond M. D.
Address Provident Hospital Date signed 2-23-41

F 77851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77851 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. York St (If rural give location)
27
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation C. A. P

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Unknown

16 (a) Informant Dorothy Forbes

(b) Address 1025 E Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ct

Location A. A Co Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 N Montgomery St

19 (a) Feb 24 1941 (Date rec'd by registrar) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1941, at 3 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Pneumonia, aspiration
Cerebral atrophy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed

F 77852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77852

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sydenham Hosp., Balto., Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) Less than 24 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3402 Menlo Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Bodin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1939

8. AGE: Years 1 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Arthur Bodin

13. Birthplace Allentown, Penna

MOTHER 14. Maiden Name Eleanor Beatty

15. Birthplace Baltimore, Md

16 (a) Informant Mother + Father

(b) Address 3402 Menlo Drive, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto. Md.

18 (a) Funeral director A. Vernon Lynmon

(b) Address 46 W. Lexington St. Huntington Williams, Mgr.

19 (a) FEB 24 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1941, at 11 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 2-21 1941, and that I last saw h i m alive on 2-21 1941.

Immediate cause of death: Lobar pneumonia, Streptococcus

Due to

Due to

Other Conditions Tracheotomy

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1

Of autopsy To be done 2-22-41

Duration: 24 hrs " " over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martha K. Rees M. D.

Address Sydenham Hosp Date signed 2-22-41

VS 3

F 77853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77853 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARROW RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene St.

(c) Hospital or institution: University Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 916 S. Gilmor St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Barbara-Payte - Portye

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Adam Payte.

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Hungaria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Nicolius Frambach

13. Birthplace Hungaria

MOTHER 14. Maiden Name Don't Not Know

15. Birthplace

16 (a) Informant Christian Potye

(b) Address Baltimore Highlands

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1941 (month) (day) (year)

(c) Cemetery or crematory New Cathadrel

Location Frederick Rd

18 (a) Funeral director Edward Toulson

(b) Address 2359 Wash Blvd

19 (a) FEB 24 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-41 19..., at 9 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 2-22 1941, and that I last saw her alive on 2-22 1941.

Immediate cause of death	Duration
Coronary occlusion	1 wk.
Due to ~~Hypertension~~ ~~cardio vascular disease~~	
Due to Arteriosclerotic cardiovascular disease	20 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis M Laughlin M. D.

Address University Hosp. Date signed 2-22-41

F 77854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77854 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 102 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Annapolis Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Clark (60854)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1901

8. AGE: Years	Months	Days	If less than one day
40	1	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Martha Uncleback
15. Birthplace Baltimore, Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Dunnard & Covington

18 (a) Funeral director Dunnard & Covington
(b) Address 21 W. Saratoga St. Baltimore, Md.

19 (a) FEB 24 1941 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH February 21, 1941, at 1:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11, 1940; to Feb. 21, 1941, and that I last saw him alive on Feb. 21, 1941.

Immediate cause of death Unknown — Duration 7

Due to

Due to

Other Conditions Pulmonary Tuberculosis — Unknown
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Wm. Gilbert M. D.
Address Balto. City Hospitals Date signed 2-21-41

VS 3

77853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 77855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hyde Park
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy Wylie "A" Birth # 3850

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1941

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles Wylie
13. Birthplace Green Valley, Wyoming

MOTHER
14. Maiden Name Margaret Townsend
15. Birthplace Buffalo, N.Y.

16 (a) Informant Mrs. Margaret Wylie
(b) Address Hyde Park, Stemmers Run Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Heard Huntington Williams, M.D.

19 (a) FEB 24 1941 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to Feb 22 1941, and that I last saw h/m alive on Feb 22 1941.

Immediate cause of death	Duration
Pulmonary atelectasis	2 hrs
Due to Prematurity (wgt 4 lbs)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 2-22-41

VS 3

C.394

77856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 77856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hyde Park
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy Wylie "B" Birth 23851

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1941

8. AGE: Years	Months	Days	If less than one day
			18 hr. 30 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Charles Wylie
13. Birthplace Green Valley, Wyoming

MOTHER
14. Maiden Name Margaret Townsend
15. Birthplace Buffalo, N. Y.

16 (a) Informant Mrs. Margaret Wylie
(b) Address Hyde Park, Stemmers Run, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) FEB 24 1941 (Date received by Registrar) Permission for Williams, H.R. C295

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to Feb 23 1941, and that I last saw him alive on Feb 23 1941.

Immediate cause of death	Duration
Pulmonary atelectasis	6 hrs
Due to Prematurity (aggravated)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 2-23-41

F 77857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 77857

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mi
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HILDA HILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10th 1937

8. AGE: Years 3 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Walter Hill

FATHER 13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Caroline E. Mann

MOTHER 15. Birthplace Frederick, Balto Co Md.

16 (a) Informant Mrs. Walter Hill

(b) Address 603 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Taylor Ave.

18 (a) Funeral director John F. Connelly

(b) Address 416 Eastern Ave.

19 (a) Date received by registrar FEB 24 1941 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 11 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said ^ find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Crushing of right chest

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 22, 1941 7-2
(c) Where did injury occur? In front of 603 N. Montford Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auburn While at work? no (Specify type of place)
(e) Means of injury pedestrian struck by auto truck

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 2-22-41

77858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

F 77858 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Gaha St.
(c) Hospital or institution Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

99

3 (a) FULL NAME Margaret Orth

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John P. Orth
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1867

8. AGE Years	Months	Days	If less than one day
73 74	4	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name August Eck
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Katherine Fisher
MOTHER 15. Birthplace Germany

16 (a) Informant Harry A. Miller
(b) Address 3612 Yolando Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Charles G. Black
(b) Address 742 W. North Ave

19 (a) Registered by (b) Registrar
FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 | 22 1941, at 3.07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 | 19 1941, to 2 | 22 1941, and that I last saw h.e.r. alive on 2 | 22 1941.

Immediate cause of death (a) Cardiac failure — Duration
Due to Hypertension C.V. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wendell Stout M. D.
Address Women's Hosp. Date signed

F 77859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 77859 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3916 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 Old York Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Brandau

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Augusta Brandau
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1873

8. AGE: Years 67 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Operator
11. Industry or business Real Estate

FATHER
12. Name John Brandau
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Strotmeyer
15. Birthplace Germany

16 (a) Informant Augusta Brandau
(b) Address 3916 Old York Rd.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location - Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) Planning for Williams Hosp.

FEB 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1941, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1941, to Feb 22 1941, and that I last saw h~~im~~ alive on Feb 22 1941.

Immediate cause of death	Duration
Cerebral Palsy	
Due to Chronic Nephritis	
Due to	
Other Conditions Bronchitis Chronic Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lyons, M. D.
Address 1100 E North Ave Date signed

F 77860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 F 22860 Registration No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 President St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN MC DONOUGH

3 (b) If veteran, name war: N
3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Julia McDonough
6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Feb 20th 1858

8. AGE: Years 83 | Months 0 | Days 32 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Elivator Operator
11. Industry or business: Erlangers Bros

FATHER
12. Name: (Unknown) McDonough
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: John Joseph McDonough
(b) Address: 217 President St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Baltimore Md

18 (a) Funeral director: Gahan Bros
(b) Address: 1219 E Fayette St

19 (a) Whitney for Williams MR (Date rec'd by registrar) Registrar

FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23, 1941, at 1:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquiry~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Burns, 2nd, 3rd degree, face & trunk — Duration

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Feb 22, 1941 ~2
(c) Where did injury occur? 217 President St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Cigarette ignited bed

23. Signature: H. L. Wallenmeier M.D. Medical Examiner.

Date signed 2-23-41

Name first given

F 77861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77861 ✓ Registered No. 46-B

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Halliday

3 (b) If veteran, name war — no
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of ~~husband~~ or wife: Mary Halliday
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 22, 1871
8. AGE: Years 59 | Months 6 | Days 27 | If less than one day hr. min.
9. Birthplace Baltimore Penna (Town, county, and state)
10. Usual Occupation Sprinkler Fitter
11. Industry or business Automatic Sprinkler Co

FATHER
12. Name (Unknown) Halliday
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elsie Plummer
(b) Address 805 N. Fulton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) FEB 24 1941 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941 to Feb 22 1941, and that I last saw h[illegible] alive on Feb 22 1941.

Immediate cause of death: Cardiac asthenia — Duration 7

Due to: Generalized carcinomatosis — Duration over

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations Multiple retentatic carcinomatosis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. V. Robinson, M. D.
Address Md General Hosp Date signed 2/25/41

F 77862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 77862 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3913 Liberty Heights
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Liberty Heights Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years

5-10

3 (a) FULL NAME Herbert Matthew Gaunt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Cassie B Young
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15 1874

8. AGE: Years	Months	Days	If less than one day
66	10	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Marble
11. Industry or business Stone Stages

FATHER
12. Name Wm A. Gaunt
13. Birthplace Md

MOTHER
14. Maiden Name Sallie J. Paine
15. Birthplace Balto Md

16 (a) Informant A Kelsey Gaunt
(b) Address 4407 Marie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Richards

19 (a) Date received by registrar Feb 24 1941 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1941, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Feb. 22 1941, and that I last saw him alive on Feb. 22 1941.

Immediate cause of death Bronchiectasis — Duration 10 yrs?
Emphysema
Due to
Due to
Other Conditions Myocardial insufficiency — Duration 1 yr.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan B. Freeman M. D.
Address 1107 St. Paul St. Date signed 2-24-41

F 77863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77863 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (c) City Balto
(c) City or town Pikesville (If outside town limits, write RURAL and give town)
(d) Street No. Buckingham Rd (If rural give location) BUCKINGHAM RD
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur E. Bickerton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Chloe M. Bickerton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23, 1887

8. AGE: Years	Months	Days	If less than one day
54	0	28	hr. min.

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Builder + Engineer
11. Industry or business Self

FATHER
12. Name James Bickerton
13. Birthplace Wheeling, W. Va.

MOTHER
14. Maiden Name Mary E. Mickey
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Chloe M. Bickerton
(b) Address Buckingham Rd., Milford, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)
(c) Cemetery or crematory Ada, Ohio
Location

18 (a) Funeral director Wm. J. Dickerson & Sons
(b) Address North & Pa Aves

19 (a) (Filed by Registrar) (b) Huntington, Williamsport, Md.

FEB 24 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Helfrich M.D.
Medical Examiner
Date signed 2/22/41

F 77864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 77864
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes C. Donegan

3 (b) If veteran, name war 10

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ P. J. Donegan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1870

8. AGE: Years	Months	Days	If less than one day
70	11	17	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name William Colton
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Pa.

16 (a) Informant Ann C. Ehrman
(b) Address 207 E. Preston St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 317 St Paul St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

FEB 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 1934 to Jan. 2 1941 and that I last saw her alive on Jan. 2 1941.

Immediate cause of death Cardiac exhaustion.

Due to Arteriosclerosis and Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 day
6

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Sanderson M. D.
Address 1714 N. Caroline St Date signed 2/22/41

Howard J. Hansen M. D.

77865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77865 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christie A. Buckingham

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Isaac Buckingham
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 8-1864

8. AGE: Years 76 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: "At home"

FATHER 12. Name: Henry Frank
13. Birthplace: Baltimore - Md.

MOTHER 14. Maiden Name: Mary E. Crandoff
15. Birthplace: Penna.

16 (a) Informant: Mrs. Frank A. Logue
(b) Address: Westminster, - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 25-1941 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lion Cemetery
Location: Finksburg - Md.

18 (a) Funeral director: Charles J. Schwab
(b) Address: 505 N. Monroe St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 22- 1941, at 3:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1941, to Feb 22 1941, and that I last saw h alive on Feb 21, 1941

Immediate cause of death: Arteriosclerotic Cardio-vascular disease — Duration: 2 years

Due to: Senility — Duration: 2 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Israel P. Alexander M. D.
Address: 1410 W North Ave Date signed: 2/24/41

F 77866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24-a

Registered No. F 77866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Spenaers Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 E. Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Joseph Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 174-07-7965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Serretta Wright
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Dec 16 1914

8. AGE: Years	Months	Days	If less than one day
26	2	8	hr. min.

9. Birthplace Bradford McKean Penna
(Town, county, and state)
10. Usual Occupation Cutter
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Richard Wright
13. Birthplace Venango Co Penna

MOTHER
14. Maiden Name Bertha Caugel
15. Birthplace Venango Co Penna

16 (a) Informant Serretta Wright
(b) Address 25 Chestnut St Bradford Pa

17 (a) Removal (b) Date thereof 2/24/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Willowdale
Location Bradford Pa

18 (a) Funeral director Philip Henning Funeral Home
(b) Address 2024 Orleans St

19 (Date rec'd by registrar) FEB 24 1941

Huntington Co. Wilkinsburg, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 2:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Septicemia, Staphylococcus	
Due to Hemorrhages and abscess in brain, kidneys & lungs and	
Due to Lungs	
Other Conditions Old staphylococcus infection M. dorsum of left hand.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 2/24/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

VS 6

F 77867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-G

Registered No. F 77867

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Trappe, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Green (Hamilton)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-49 1-4-43

8. AGE: Years	Months	Days	If less than one day
	1	20	hr. min.

9. Birthplace Easton, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Alexander Green
13. Birthplace Wesley, Md.

MOTHER
14. Maiden Name Bertie Mae Wheatley
15. Birthplace Trappe Md

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)
(c) Cemetery or crematory Family cem.
Location Trappe Md
18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eastern Ave, Hollander, Md
19 FEB 24 1941 (b) Huntington Williamsburg, Md
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-41 19 , at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 19 41, to Feb 23 19 41, and that I last saw him alive on Feb 23 19 41.

Immediate cause of death	Duration
Malnutrition, Dehydration,	
Due to Inoperable carcinoma of Prostate	4 months
Due to Prostatectomy	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Townsend Jr M. D.
Address University Hospital Date signed 2-24-41

77868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. E 77868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Brune St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1875

8. AGE: Years	Months	Days	If less than one day
65	11	6/13	hr. min.

9. Birthplace Eastern Shore, Va. (Town, county, and state)

10. Usual Occupation unemployed.

11. Industry or business

FATHER
12. Name Addison —
13. Birthplace Eastern Shore, Va.

MOTHER
14. Maiden Name Ada Addison
15. Birthplace Eastern Shore, Va.

16 (a) Informant Susie Bailey (D)
(b) Address 531 Brune St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Md

18 (a) Funeral director Charles S. Ford
(b) Address 514 N. Calhoun St.

19 (Date received by registrar) FEB 24 1941 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 9:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic-Cardio-Vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilkam J. Hetherington M.D. Medical Examiner.
Date signed 2/22/41 Interne

77869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. E 77869

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-14-1907

8. AGE: Years	Months	Days	If less than one day
33	10	9	hr. min.

9. Birthplace Williamston N.C. (Town, county, and state)
10. Usual Occupation Beautician
11. Industry or business

FATHER
12. Name Willie Moore
13. Birthplace Jamesville N C

MOTHER
14. Maiden Name Della Bailey
15. Birthplace Williamston N.C.

16 (a) Informant Della Moore
(b) Address 1230 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md

18 (a) Funeral director Charles B. Cohen
(b) Address 514 N. Calhoun St.

FEB 24 1941 Delivered by registrar Huntington Nottingham Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1941 to Feb. 23 1941, and that I last saw her alive on Feb. 23 1941

Immediate cause of death	Duration
Uremia and Congestive heart failure	2 weeks
Due to Hypertensive cardio-vascular disease	-
Due to Chronic nephritis	-
Other Conditions Latent syphilis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Chronic nephritis - Pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Haver M. D.
Address University Hospital Date signed 2/23/41

F 77870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 F 77870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 Arunah Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 Arunah Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Josephine J. Cunabaugh

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Late Jeremiah J. Cunabaugh Early
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	2	2		

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Martin
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Miller
15. Birthplace Ireland

16 (a) Informant Miss Helen Cunabaugh
(b) Address 2524 Arunah Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/25/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 1111 Hollins St.

19 FEB 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 22nd 1941 at 12:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Feb 22 1941. and that I last saw him alive on Feb 22 1941

Immediate cause of death	Duration
Secondary Anemia	4 mos
Due to Gastric Carcinoma	? over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lucy L. Wiseman M.D.
Address 4000 Edmondson Ave Date signed 2-23-41

VS 2

F 77871 1631 Valley St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 ✓ F 77871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Zeilman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Magaret Crowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace ?

MOTHER
14. Maiden Name Usula Lessness
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem Co
Location Pikesville Md

18 (a) Funeral director Robert J. Lykens Sons
(b) Address 1918 Eutaw Pl

19 (a) FEB 24 1941 (Date received by registrar) (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1941 at 12:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1- 1941, to Feb 23- 1941, and that I last saw him alive on Feb 22 1941.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Cerebral Hemorrhage	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gull Hall M D M. D.
Address 1631 E Northern Ave Date signed 2/24/41

Thorp ✓

F 77872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-e

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 W Mulberry St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Harris Tharp

If U. S. Veteran specify WAR .....

(a) Residence: No. 1606 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Tharp

c. DATE OF BIRTH (month, day, year) April 20 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	10 —	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oxford U. S.

FATHER

13. NAME Tom Rogers

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT John Harris "Son" (Address) 1606 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date February 26 1941

19. UNDERTAKER Joseph A. Lynch (Address) 409 N Mount Street

20. FILED FEB 24 1941 19 Hunting for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1941, to Feb. 22 1941

I last saw her alive on Feb. 12 1941. Death is said to have occurred on the date stated above, at 7 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Douglas Sheppard M. D.

(Address) 1431 W. Franklin St

77873

HEALTH DEPARTMENT—CITY OF BALTIMORE

77873

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Greenmount Ave St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella E. Forrest

If U. S. Veteran specify WAR

(a) Residence: No. 4108 Greenmount Ave St. Ward. 27-1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wesley G. Forrest

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: (?) 75 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hollands Island Dorchester County

FATHER

13. NAME: Jacob T. Bradshaw

14. BIRTHPLACE (city or town) (State or country): Hollands Island Md.

MOTHER

15. MAIDEN NAME: Virginia Price

16. BIRTHPLACE (city or town) (State or country): Northumberland Co. Va.

17. INFORMANT: Family

(Address) 4108 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL: Greenlawn Cemetery Cambridge Md Date Feb 26, 1941

19. UNDERTAKER: William H. Mareck

(Address) 214 Light St

20. FEB 24 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 24, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1941, to Feb 24, 1941

I last saw h[illegible] alive on Feb 24, 1941 Death is said to have occurred on the date stated above, at 4:05 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/24/41

Other contributory causes of importance:

Chronic Nephritis — 20 yrs

Hypertension Vascular Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Hudson M. D.

(Address) 4200 Sheldon Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va 3

77874

BALTIMORE CITY HEALTH DEPARTMENT 131-a

CERTIFICATE OF DEATH

F 77874 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2617 Foster ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Foster Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad Roppelt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widower

6 (b) Name of husband or wife Annie Roppelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25 85

8. AGE: Years	Months	Days	If less than one day
88.	5 6	2 27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Broom Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mary Weiss
(b) Address 2612 Foster ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 27 1941. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North ave East End

18 (a) Funeral director W. H. DELL-J. DIPPEL
(b) Address 312 S. Highland Ave,

19 (a) FEB 24 1941 (Date received by Registrar) (b) Thurlington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1941, at 11.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1940, to 2-22 1941, and that I last saw him alive on 2-20 1941.

Immediate cause of death old age -
General arterio sclerosis -
Gangrene of left foot
Due to Diabetic Mellitus

Duration: years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Medical Arts Bldg (Date signed)

Dup. Registration 1945 W. Balto St.

F 77875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 77875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W. Rogers Ave.
(c) Hospital or institution: Methodist Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W. Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Frances Warfield

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William S. Warfield
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 12 - 1859

8. AGE: Years 81 | Months 10 | Days 10/12 | If less than one day: hr. — min.

9. Birthplace Norfolk - Virginia
(Town, county, and state)

10. Usual Occupation At Home -

11. Industry or business

FATHER
12. Name Peter W. Whitehurst
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Anne Hubbard
15. Birthplace Va.

16 (a) Informant Eugene Thomas
(b) Address 700 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-41 (month), (day), (year)

(c) Cemetery or crematory Mount Olivet
Location Balto. Md.

18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave.

19 (a) FEB 25 1941 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1941. 3 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941. to Feb 22 1941. and that I last saw h[er] alive on Feb. 21 1941.

Immediate cause of death: Chr. Myocarditis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Chr. Nephritis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Stamman M.D.
M. D.
Address 720 N. Fulton Date signed 2/24/41

F 77876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 77876

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Pinehurst (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Lester Abbot

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	(Widowed)

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1868

8. AGE: Years	Months	Days	If less than one day
72	6	4	hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Retant
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB. 27, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster
Location Westminster, Md.

18 (a) Funeral director H. Barnhard & Son
(b) Address Westminster, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1941, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2, 1941, to Feb 27, 1941, and that I last saw h alive on Feb 27, 1941.

Immediate cause of death Cardiac failure — Duration —
Due to Bronchial Carcinomatosis — Duration years
Due to Carcinoma of Stomach — Duration —
Other Conditions Arteriosclerosis, Hydronephrosis — Duration —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Bronchial Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutherland M. D.
Address Woman's Hospital Date signed 2-27-41

AdCo. 5-31 2500

F 77877 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 77877

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Maryland Ave St., 17-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Eva Weaver

(a) Residence: No. Main St St., ... Ward. Coopersburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank A. Weaver.

6. DATE OF BIRTH (month, day, year) Dec 24, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hazelton Pa.

FATHER

13. NAME Fred C. Hechler

14. BIRTHPLACE (city or town) (State or country) Hometown Pa.

MOTHER

15. MAIDEN NAME Tillie Hamm

16. BIRTHPLACE (city or town) (State or country) Bamesville Pa.

17. INFORMANT Frank A. Weaver

(Address) Coopersburg Pa.

18. ~~BURIAL, CREMATION~~ REMOVAL

Place Grand View Cem. Date Feb 25 1941

19. UNDERTAKER Wm. H. Dickson's Sons

(Address) North & Pa Aves.

20. FILED FEB 25 1941 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1941 to Feb 25, 1941

I last saw her alive on Feb 25 1941 death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/24/41
Other contributory causes of importance:	
Angina Pectoris	1 mo.
Arteriosclerosis	6 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M.D.

(Address) 1020 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77878 / 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Melville Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY KERRIGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name James Kerrigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brennan
15. Birthplace Ireland.

16 (a) Informant Hospital records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W. Deegan
(b) Address 460 E. North Ave

19 (Date received by registrar) FEB 25 1941 (Registrar) Municipal Building, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1941, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1941, to Feb 23 1941, and that I last saw h.. alive on Feb. 22 1941.

Immediate cause of death	Duration
Cardiac failure	
Due to Pneumonia, lobar	2 days
Due to ~~Otic~~	
Other Conditions Chronic Bronchial asthma	60 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 2/24/41

VS 3

F 77879

F 77879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Gorsuch Ave
(If rural give location)
97
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice B. Coogan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Coogan

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 4 1894

8. AGE: Years 46 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: at Home

11. Industry or business

FATHER 12. Name: Patrick Healy

13. Birthplace: Ireland

MOTHER 14. Maiden Name: Beatrice Finn

15. Birthplace: Baltimore

16 (a) Informant: Frank Coogan

(b) Address: 15-11 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25-41 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Baltimore

18 (a) Funeral director: Albert W. Dempsey

(b) Address: 440 E. 40th Ave

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941, at 9 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1938 to 2/23 1941, and that I last saw her alive on 2/19/ 1941

Immediate cause of death: Carcinoma of cervix uteri — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature [redacted] Leo Brady M.D.

Address Med. Arts Bldg. Date signed 2/26/41

VS 8

F 77880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 77880 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 671 Bradley av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 671 Bradley av. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Perris

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4448

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Elvea

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1912

8. AGE: Years	Months	Days	If less than one day
28	3	14	hr. min.

9. Birthplace Balto. md. (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER 12. Name William Perris
13. Birthplace Talbot Co. N. Car.

MOTHER 14. Maiden Name Annie Pryor
15. Birthplace Lynchburg Va.

16 (a) Informant Annie Pryor
(b) Address 671 Bradley av.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) FEB 25 1941 (Date received by Registrar) (b) Hunting Test Williams M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941 at 10 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1941 to Feb 24 1941, and that I last saw him alive on Feb 24 1941.

Immediate cause of death: Pulmonary TB — Duration 5 mos.
Due to: Tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 71 W Lanvale Date signed 2-24

392544

F 77881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 77881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Brunt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-81

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	5	22		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Chase
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Briarstown Md
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Name of registrar) (b) FEB 25 1941 (Registrar)

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1941, to Feb 23 1941, and that I last saw h[illegible] alive on Feb 23 1941.

Immediate cause of death	Duration
Meningitis	
Due to Neisseria pharyngis sicca	
Due to	
Other Conditions Bacterial endocarditis due to same organism (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Billings M. D.
Address J. H. Hosp Date signed 2-24-41

F 77882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

Registered No. F 77882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Bayliss st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Almon L. Powell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-4762 —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married (never married, widowed, divorced)

6 (b) Name of husband or wife Augusta Powell
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug. 25 - 1901

8. AGE: Years	Months	Days	If less than one day
39	5	26	hr. min.

9. Birthplace Whiteville N.C. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Balto. Copper Works

FATHER
12. Name Forbes Powell
13. Birthplace N.C.

MOTHER
14. Maiden Name Caroline Powell
15. Birthplace N.C.

16 (a) Informant Augusta Powell, wife
(b) Address 714 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1941, at 2 00 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said inspection + Autopsy and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Shock — Duration
Multiple Compound Comminuted Fractures.
Due to Exsanguination of Vessels.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident S-1
(b) Date of occurrence 2-21-1941 N.W. Cor
(c) Where did injury occur? Baltimore - Arlem - Fayette
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place) Running across street
(e) Means of injury Auto truck overturned on person

23. Signature Howard J. Moseley M.D.
Medical Examiner.
Date signed 2-22-41

F 77883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 77883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Ann Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27. 1859

8. AGE: Years 81 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Charles Green
13. Birthplace Alexandria Va

MOTHER 14. Maiden Name Mary Brown
15. Birthplace Balto Md.

16 (a) Informant Jane D. Wolf
(b) Address 1516 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Old Town
Location Eastern Ave

18 (a) Funeral director John E. Mullin Inc
(b) Address 2435 E Oliver St

19 (a) (Date rec'd by registrar) (b) Interment in Holliday St M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to Feb 23 1941, and that I last saw her alive on Feb 23 1941.

Immediate cause of death — Duration

Chr. Myocarditis — 4yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Dandor M. D.

Address 3228 Eastern ave Date signed 2-24-41

VS 3

F 77884 of 63644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-B

F 77884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Ellaroad Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-0555

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1 - 1879

8. AGE: Years	Months	Days	If less than one day
62	1	22	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Boat Watchman

11. Industry or business N. R. Coal - 18 th. Stony

FATHER
12. Name James Ward
13. Birthplace New York City N.Y.

MOTHER
14. Maiden Name Rose Schultz
15. Birthplace Washington D.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41 (month) (day) (year)
(c) Cemetery or crematory Pleasant View Cem.
Location Pleasant View

18 (a) Funeral director Chas. H. Miller Sons
(b) Address 2433 E. Pratt St. Baltimore, Md.

FEB 25 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-1941, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-1941, to 2-23-1941, and that I last saw h[im] alive on 2-23-1941.

Immediate cause of death	Duration
Cerebral Thrombosis	6 wks
Due to	
Gen. A-S.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Schlein M. D.
Address Bals City Hosp Date signed 2-24-41

F 77885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 126

F 77885

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Alberton

(If outside city or town limits, write RURAL and give town)

(d) Street No. 26

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Schofield

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-1975

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Estelle Schofield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 11, 1877

8. AGE: Years	Months	Days	If less than one day
63	3	12	hr. min.

9. Birthplace ENGLAND (Town, county, and state)

10. Usual Occupation FOREMAN

11. Industry or business COTTON MILL

FATHER

12. Name UNKNOWN

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs. Estelle Schofield

(b) Address Alberton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41 (month) (day) (year)

(c) Cemetery or crematory GOOD SHEPHERD

Location ROCKLAND, MD.

18 (a) Funeral director F. C. HIGGINBOTHOM

(b) Address ELLICOTT CITY MD

FEB 25 1941 (Date rec'd by registrar) (b) Hunting Registrar Williamsville, Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23-41 19 , at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-41 19 , to 2-23-41 19 , and that I last saw him alive on 2-23-41 19 .

Immediate cause of death Shock from operation for cholecystectomy & EVISCERATION

Due to Post operatively from acute cholecystitis &

Due to Cholelithiasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Maurice Rhode

Address University Hosp Date signed 2-23-41 M. D.

F 77886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-D

F 77886 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARIUM RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Augusta ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Augusta ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stith G. Spivey

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 216-10-8366

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna V. Spivey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1889

8. AGE: Years 51 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Insurance Collector

11. Industry or business —

FATHER
12. Name Stith Spivey
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Rawlings
15. Birthplace Virginia

16 (a) Informant Mrs. Edna V. Spivey
(b) Address 617 Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1941 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (Registrar's signature) Printing for Williams Mfg. Co. Registrar
FEB 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941, to Feb 24 1941, and that I last saw h alive on Feb 23 1941.

Immediate cause of death: Coronary Thrombosis — Duration: one day

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nellie J. Closson

Address 612 Edmondson Date signed 3/22/41

F 77887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 77887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1883

8. AGE: Years	Months	Days	If less than one day
57	1	24	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Andrews
13. Birthplace ?

MOTHER
14. Maiden Name Mary Andrews
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 41 (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location Gaithersburg Md.

18 (a) Funeral director [illegible]
(b) Address [illegible]

FEB 25 1941 (Date filed by registrar) (b) [illegible] M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30- 1940, to 2-24- 1941, and that I last saw h[illegible] alive on 2-24- 1941

Immediate cause of death	Duration
? Coronary Thrombosis	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Not done

PHYSICIAN, Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-24-41

F 77888

F 77888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna A. Kahl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Tilghman Kahl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1884.

8. AGE: Years	Months	Days	If less than one day
56	11	0	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name William Bosley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Madden
15. Birthplace Balto. Md.

16 (a) Informant Tilghman Kahl
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Nitsche
(b) Address 4101 Edmondson Ave.

19 (a) (b) Huntington Williamsport, Md.

FEB 28 1941

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1940, to 2/10 1941, and that I last saw h[illegible] alive on 2/10 1941.

Immediate cause of death Chronic Nephritis — Duration 7

Due to

Due to

Other Conditions Diabetes Mellitus — 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature C. P. Koerting M. D.
Address 326 W Lombard St Date signed 2/25/41

77889

F 77889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie M. McDonnell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late James E. McDonnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1878.

8. AGE: Years	Months	Days	If less than one day
62	6	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Connor Healy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hussey
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Richard M. Balmert
(b) Address 1605 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Mutzke
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to 2/24/1941, and that I last saw h[illegible] alive on 2/24 1941.

Immediate cause of death Carcinoma of Cervix — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elaine L. Shanahan

Address 1945 W Balto Date signed 2/27/41

F 77890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 77890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1732 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter J Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-8993

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 40 at 6 40 P M

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-1869

8. AGE: Years 71 | Months 9 7 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Essex Co. Va.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Henry Thornton
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Martha Wyatt
15. Birthplace Essex Co Va

16 (a) Informant Mrs. William Thornton
(b) Address 864 Tyson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Auburn
Location Balto. Md

18 (a) Funeral director Mrs. Geo. H. Borland
(b) Address 1631 Druid Hill Ave
Funeral Home for Williams, N.Y.

19 (a) (Date received by registrar) (b) Registrar

FEB 25 1941

VS 6

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to —

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Kelsch M.D.
Medical Examiner

Date signed 2/22/41 Thornton

F 77891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77891

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 Laurens
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Laurens (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J Liverpool

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-9391

4. Sex: male | 5. Color or race: col | 6 (a) Single, married, widowed, or divorced: W Dowd

6 (b) Name of husband or wife: Jamie Liverpool

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/13-1869

8. AGE: Years 71 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Essex Co Va (Town, county, and state)

10. Usual Occupation Farmer Gw

11. Industry or business Steel Plant

FATHER 12. Name Anthony Liverpool

13. Birthplace Essex Co Va

MOTHER 14. Maiden Name Letitia Stevenson

15. Birthplace Essex Co Va

16 (a) Informant Letitia Stevenson

(b) Address 8015 Dunhill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo H. Holland

(b) Address 631 Druid Hill Ave

19 (a) (Date received by registrar) (b) [illegible] Williams M.D.

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22 1941, at 9a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1939 to 2/22 1941, and that I last saw h[illegible] alive on 2/22 1941.

Immediate cause of death Pneumonia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Lee Date signed 2/24/41

77892

HEALTH DEPARTMENT—CITY OF BALTIMORE

77892

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Argyle Ave (Ward) 27)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lucie Porter

If U. S. Veteran specify WAR _____

(a) Residence: No. 1620 Argyle Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Nathan Porter

6. DATE OF BIRTH (month, day, year) Sept 2, 1901

7. AGE — Years 39 — Months 5 — Days 18 — If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) — spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Maryland

FATHER

13. NAME Carter Bundy

14. BIRTHPLACE (city or town) _____ (State or country) Va

MOTHER

15. MAIDEN NAME Ella Richard

16. BIRTHPLACE (city or town) _____ (State or country) Va

17. INFORMANT Julia Jones (Address) 836 N Carey St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date 2/25, 1944

19. UNDERTAKER Geo. H. Nelson (Address) 1303 Pulaski

20. FILED FEB 25 1944 Huntington Hollins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-, 1944

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1943 to 2/21, 1944

I last saw her alive on 2/19/44, 19__. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (Mitral Regurg)	
Hypertension	
Other contributory causes of importance:	
Pulmonary Edema	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Exam Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. Harrell M. D.

(Address) 1617 Carroll Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 77893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a F 77893

Registered No. 61581 SD

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 663 George Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Estelle Redmon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Separated

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1894

8. AGE: Years	Months	Days	If less than one day
46	3	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Robert Green

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Green

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md

18 (a) Funeral director Mr. Thomas A. Hemsley

(b) Address 678 N. Biddle St.

19 (Signature) FEB 25 1941 (This Certificate registered) Registrar

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1941, at 7.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1940, to 2-23 1941, and that I last saw her alive on 2-23 1941.

Immediate cause of death	Duration
Carcinoma of cervix	?
Due to Vesiculo-rectal fistula	6 wks.
Due to Hydronephrosis R.	3 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Exploratory Lap. - negative

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney C. Fehleisen M.D.

Address Baltimore City Hosp. Date signed 2-24-41

F 77894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 77894 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 W. Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Cecilia Theresa Norris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	White	Married

6 (b) Name of husband or wife John E. Norris
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1877

8. AGE: Years	Months	Days	If less than one day
64	1	14	-- hr. -- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGee
15. Birthplace Ireland

16 (a) Informant John E. Norris
(b) Address 220 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director C. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) Interring or Removal Permit No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 4:54 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941 to Feb 23 1941, and that I last saw her alive on Feb 23 1941.

Immediate cause of death: Myocardial Failure — Duration 1 mon.
Due to: Hypertensive Cardiovascular Disease
Due to:
Other Conditions: Carcinoma Breast 3 yrs. 3 Metastasis to Lungs. 6 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Douglas M.D.
Address Franklin Sq. Hosp. Date signed 2-23-41

VS 3

F 77895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 77895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cold Spring Lane
(c) Hospital or institution: Hofman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Northern Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred R. Showman Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Margaret Showman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16-1863

8. AGE: Years	Months	Days	If less than one day
77	5	8	hr. min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER 12. Name J. Alfred Showman

13. Birthplace

MOTHER 14. Maiden Name Caroline Firey

15. Birthplace

16 (a) Informant Mrs Herman Plummer

(b) Address 3106 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

(d) Funeral director Leonard J Rush

(e) Address 5305 Harford Rd

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

FEB 3 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1941 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1941 to Feb 24 1941 and that I last saw h[im] alive on Feb 24 1941.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Fetterman

Address 2324 Reisterstown Rd Date signed 2/24/41 M.D.

392F5F7896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V44-B

F 77896
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-94

8. AGE: Years 46 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jas. McLaken

13. Birthplace

MOTHER 14. Maiden Name Belle ?

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-41 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery

Location A & Ca Rds.

18 (a) Funeral director Robert E. Williams

(b) Address 15-15 McElderry St

FEB 25 1941 (Date rec'd by Registrar) (b) Interring Town Hillsboro, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941 to Feb 23 1941. and that I last saw her alive on Feb 23 1941

Immediate cause of death Hodgkins Disease & Secondary anaemia — Duration 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Brennaman M. D.

Address Johns Hopkins Hosp Date signed 2-24-41

77897 F 77897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Rest. Rd St. 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gerson

If U. S. Veteran specify WAR No.

(a) Residence: No. 2722 Rest Rd., Ward. S.S. 214-05-3655

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Faith

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russ.

FATHER

13. NAME Jack.

14. BIRTHPLACE (city or town) (State or country) Russ

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russ.

17. INFORMANT Faith Gerson

(Address) 2722 Rest Rd.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Forest Date Feb. 25, 1941

19. UNDERTAKER Jack Sevey

(Address) 1029 E. Baltimore St.

20. FILED FEB 25 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1940 to Feb 25, 1941

I last saw h.. alive on Feb 24, 1941 Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	
Myocardial Failure	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard P. Roberts M. D.

(Address) 2419 Reisterstown Road

INSTRUCTIONS: PRINT WITH INDELIBLE INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

16095-FD F 77898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 77898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Schuster

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-1875

8. AGE: Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name George Schuster
13. Birthplace Germany

MOTHER
14. Maiden Name Unk.
15. Birthplace

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory Trinty Cemetery
Location Odonnell St.

18 (a) Funeral director Helena P. Hoffman
(b) Address 1639 N. Broadway.

19 (a) FEB 25 1941 (Date Rec'd by Registrar) Huntington Williams, M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-1941, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11-1922, to 2-24-1941, and that I last saw h[illegible] alive on 2-24-1941.

Immediate cause of death	Duration
? Coronary Thrombosis	?
Due to Hypertension CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Bello City Hosp. Date signed 2-27-41

VS 3

F 77899 ✓ F 77899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1416 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME MARIA A. VENEZIANO

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband late Nunzio Veneziano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1855

8. AGE: Years	Months	Days	If less than one day
85	4	2	hr. min.

9. Birthplace Cefalu' Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Vincenzo Piraino
13. Birthplace Italy

MOTHER
14. Maiden Name Giuseppina Pernici
15. Birthplace Italy

16 (a) Informant Mrs. S. Muffoletto
(b) Address 1416 E. Chase St.

17 (a) Burial (b) Date thereof Feb. 24/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) 5 B 25 (b)
(Date rec'd by Registrar) Hunting for Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1941 at 7-5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1941 to Feb 22 1941, and that I last saw her alive on Feb 22 1941.

Immediate cause of death	Duration
Myocarditis	48 hours
Due to Uterus Cancer	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work None
(Specify type of place)
(e) Means of injury None

23. Signature Edward P. Smith, M.D.
Address 920 St. Paul St. Date signed 2-23-41

F 77900

F 77900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balt. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver Garrett.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-0644

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Pinkey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 18 - 1892

8. AGE: Years	Months	Days	If less than one day
49 42		4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Howard Garrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Grimage
15. Birthplace Md

16 (a) Informant Pinkey Garrett
(b) Address 823 Warren St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 24 - 41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah F. Brown & Son
(b) Address 108 W Montgomery St

19 FEB 25 1941 (Date rec'd by registrar) (b) Huntingtown, Calvert, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941 at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 2-22 1941, and that I last saw him alive on 2-22 1941.

Immediate cause of death	Duration
Immersion of Intracranial Organs	
Due to Spontaneous Massive Intracranial Hemorrhage	
Due to Marked Arterial Hypertension.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Brustein M. D.

Address 908 W Fayette St Date signed 2/22/41

VS 3

77901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

Registered No. F 77901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 N. Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 N. Strieker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ROBERT RUDOLPH SQUIRES Birth F-3641

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1941

8. AGE: Years	Months	Days	If less than one day
		5 4	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Infant.
11. Industry or business

FATHER
12. Name William Squires
13. Birthplace North Carolina

MOTHER
14. Maiden Name Carrie Harris
15. Birthplace North Carolina

16 (a) Informant Father William Squires
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 25 1941
Commissioner of Health

18 (a) Funeral director H. A. Moore
(b) Address Huntington Williamsport Md

19 (a) FEB 25 1941 (Date rec'd by registrar) Registrar's No. 5310

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19, 1941, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Congenital heart disease;	
Due to Pulmonary stenosis	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 2-20-41

77902
77902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 77902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Perry

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 25 1941
Commissioner of Health

18 (a) Funeral director for H. A. Moore
(b) Address FEB 25 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

45

20. DATE OF DEATH Feb 12 1941, at 12 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: hypertension with heart disease — Duration: 4 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Wandell Gutt M.D.
Medical Examiner
Date signed 2/12/41

VS 6

77903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D Registered No. 77903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland MADISON

(b) Street address LINDEN AND HOWARD Sts

(c) Hospital or institution: MARYLAND GENERAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days

(e) Length of stay in Baltimore (yrs., mos., or days) 48 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County —

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 308 N. GREENE St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME RITA ANN HUTCHINSON Birth F 21543

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) JAN. 6, 1941

8. AGE: Years | Months: 1 | Days: 17 | If less than one day: ____ hr. ____ min.

9. Birthplace MARYLAND GENERAL HOSPITAL (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name GERALD EUGENE HUTCHINSON

13. Birthplace Nelsonville, Ohio

MOTHER 14. Maiden Name MARY PEARL HUTCHINSON

15. Birthplace ATHEN, OHIO

16 (a) Informant

(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 25 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per M. A. Moore

19 (a) FEB 25 1941 (Date filed by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 6, 1941 to Feb. 23 1941, and that I last saw her alive on Feb. 23 1941.

Immediate cause of death Asphyxia — Duration

Due to Congenital anomalies, microcephalia, possibly Mongolism

Due to Schist, anomaly of tongue, and possibly anomaly of

Other Conditions heart, stenosis — bilateral

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William R. Tompkins M. D.

Address Md. General Hosp. Date signed 2/20/41

VS 2

C295

F 77904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-B

F 77904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richmond & Queen Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Colorado ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C. Orrick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-09-9868

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19-1918

8. AGE: Years 22 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Real Estate

FATHER 12. Name Frank C. Orrick

13. Birthplace Glyndon Md

MOTHER 14. Maiden Name Martha R. Earnadon

15. Birthplace Md

16 (a) Informant Frank C. Orrick

(b) Address 729 Colorado ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick ave

18 (a) Funeral director John A. Mitchell & Sons

(b) Address 900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1941, at 1:39 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1941, to 2/24 1941, and that I last saw him alive on 2/24 1941.

Immediate cause of death Cerebro-spinal meningitis — Duration

Due to Brain Abscess

Due to Bronchiectasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Haase, M. D.
Address Univ. Hosp. Date signed 2/24/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77905 6644 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 77905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W. Saratoga Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Smiley

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-6097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28 1913

8. AGE: Years	Months	Days	If less than one day
27 yrs.	10	24	hr. min.

9. Birthplace Baltimore (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alonzo Smiley
13. Birthplace Maryland

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (d) FEB 25 1941 (Date rec'd by registrar) (e) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22/ 1941, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1941 to Feb. 22 1941 and that I last saw him alive on Feb. 22 1941

Immediate cause of death: Pulmonary Tuberculosis — Duration: 4 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip L. Smead M. D.
Address B. C. H. Date signed 2-23-41

F 77906

♠ 50160 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓

Registered No. F 77906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1058 W. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Shaw ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married (Sep.)

6 (b) Name of husband or wife Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1919

8. AGE: Years	Months	Days	If less than one day
21	11	13	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Coat Packer
11. Industry or business

FATHER
12. Name Lemon Shaw
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rebecca Born
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Wilson
Location N C

18 (a) Funeral director Mrs Kates R Williams
(b) Address 3[illegible] N Schroeder St

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23 1941, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1939, to Feb 23 1941, and that I last saw him alive on Feb 22, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	15 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip L. Elmore M. D.
Address BCH Date signed 2-27-41

VS 8

F 77907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

Registered No. F 77907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. PERKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Martha Perkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Perkins
13. Birthplace Ga.

MOTHER
14. Maiden Name Leatha
15. Birthplace Ga.

16 (a) Informant Martha Perkins
(b) Address 1620 W. Lanvale St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 Filed FEB 25 1941 (Date received by Local Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1941, at 12 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Ether anesthesia	
Due to Bullet wound of right axilla and abdominal pelvis.	
Other Conditions Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Feb 22, 1941
(c) Where did injury occur? Lanvale St corner (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury shot by revolver during robbery

23. Signature H. L. Wallenmeller M.D.
Medical Examiner.
Date signed 2-23-41

VS 6

77908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77908
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 250 N. Bruce Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 250 N. Bruce Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Watkins Birth F 09057

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 23, 1940

8. AGE: Years	Months	Days	If less than one day
	10	1	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Hill
13. Birthplace

MOTHER
14. Maiden Name Ethel Watkins
15. Birthplace Baltimore, Md

16 (a) Informant Ethel Watkins
(b) Address 250 N Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) FEB 25 1941 (Date rec'd by Registrar) (b) Thurlington for Williams Reg. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration

Due to Bronchopneumonia

Due to Acute Bronchitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-24-41

F 77909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution:
St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Charles A. Salisbury

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 215-01-9327

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Elizabeth Salisbury
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 3/14/1872

8. AGE: Years	Months	Days	If less than one day
69	—	8	——— hr. ——— min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Assembly Candy Factory

FATHER
12. Name Chas. S. Salisbury
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rose Harrigan
15. Birthplace Balto. Md.

16 (a) Informant Mary E. Salisbury
(b) Address 829 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location York Road & Rose St.

18 (a) Funeral director George J. Rudolph
(b) Address 23 S. Howard St.

19 (a) FEB 25 1941 (Date rec'd by Reg.) Waiting for Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 1:23 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Weeden M.D.
Medical Examiner.
Date signed 2-24-41

VS 6

F 77910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 20 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. Oscar L. Moser

3 (b) If veteran, name war —

3 (c) Social Security Account No. 245-07-0001

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred Krauch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1902

8. AGE: Years 39 | Months 0 | Days 23 | If less than one day 22 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Camp Meade

FATHER 12. Name Wm H. Moser

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Ella Streine

15. Birthplace Fred. Co. Md.

16 (a) Informant Mrs Mildred Moser

(b) Address 1946 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director John J. Coughlin Son

(b) Address 46 Collins St.

19 (a) FEB 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941, to Feb 23 1941, and that I last saw him alive on Feb. 23 1941.

Immediate cause of death: Pulmonary embolism — Duration: 7 da

Due to: Acute gangrenous appendicitis - post operative

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Acute gangrenous appendicitis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.

Address Md. General Hosp. Date signed 2/23/41

7911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. 7911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 20d.
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 W. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Mrs. Annie Howard.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Patrick Howard

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/15/62

8. AGE: Years 78 | Months 8 | Days 10 | If less than one day — hr. — min.

9. Birthplace Ireland.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business ~~Private~~ at Home

FATHER
12. Name John L. Dugan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mckenzie
15. Birthplace Ireland

16 (a) Informant Hospital record.
(b) Address 2000 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/27/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd

18 (a) Funeral director John J. Comey & Son.
(b) Address 901 Hollins St.

19 FEB 25 1941 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1941, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/41 19— to 2/24 1941, and that I last saw h— alive on 2/24 1941.

	Duration
Immediate cause of death Cerebral hemorrhage	(mo. 20d.
Due to Arteriosclerosis.	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James P. Kerr M. D.
Address Bon Secours Hospital **Date signed** 2/24/41

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~77912~~ 393427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 W. Hamburg (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph T Moran

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-5184

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: EMMA MORAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-85

8. AGE: Years 55 | Months 9 | Days 24 | If less than one day 23 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business Bartlett Hayward Co

FATHER 12. Name Joseph Moran

13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Shields

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/1941 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location #300 Old Frederick Rd.

18 (a) Funeral director John J Cowan & Son

(b) Address 901 Hollins St.

19 (a) FEB 25 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1941, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 21 1941, and that I last saw him alive on Feb 21 1941.

Immediate cause of death	Duration
Serum reaction	
Due to Lobar Pneumonia R.L.L. - Type I	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kathleen Klein M.D.
Address Johns Hopkin Hospital Date signed 2/24/41

VS 8

77913 M: Neeve

BALTIMORE CITY HEALTH DEPARTMENT 93-D ✓ F 77913 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp 15-b
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick McNeave

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	(M)

6 (b) Name of husband or wife Barbara

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 12, 1873

8. AGE: Years	Months	Days	If less than one day
67	8	13 12	hr. min.

9. Birthplace Tahoa, Md. (Town, county, and state)

10. Usual Occupation Retired Letter Carrier

11. Industry or business Postal Service

FATHER 12. Name Patrick McNeave

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Sanahan

15. Birthplace Ireland

16 (a) Informant Grant Hospital

(b) Address Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Old Frederick Rd.

18 (a) Funeral director John J. Cowan Son

(b) Address 981 Hollins St.

19 (a) FEB 25 1941 (Date rec'd by Registrar) Huntington Williams, M. D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1941, at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1941, to 2-24 1941, and that I last saw him alive on 2-22 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 4 hrs.

Due to Arteriosclerotic Cardio-Vas dis

Due to

Other Conditions Hypertrophied prostate

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Parker M. D.

Address St Agnes Date signed 2/24

VR 3

F 77914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

112 ✓ Registered No. F 77914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Joseph F. Kiskey S. S. 212-16-2500

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Helen Walstrum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1874

8. AGE: Years	Months	Days	If less than one day
66	3	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Horse shoer
11. Industry or business

FATHER
12. Name Ed. F. Kiskey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Sevcir
15. Birthplace Baltimore, Md

16 (a) Informant Hospital Record
(b) Address Monument & Rutland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Greenmount Ave

18 (a) Funeral director John J. Curran & Son.
(b) Address 901 Hollins St.

19 (a) FEB 25 1941 (Date rec'd by Registrar) (b) Interred in Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1941, to 2/24 1941, and that I last saw h alive on 2/24 1941.

Immediate cause of death
Cardiac Failure (acute)
Due to Emphysema
Due to Bronchial asthma
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 Days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Tompkins M. D.
Address Sinai Hospital Date signed 2/24/41

77915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 77915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Chemical & Pigment Co. 6401 St Helena Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Gwynn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEROY C. HUDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-5302

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Ward

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) August 17, 1890

8. AGE: Years 50 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Chemical & Pigment Co.

FATHER
12. Name: John L. Hudson
13. Birthplace: New Jersey

MOTHER
14. Maiden Name: Sarah Cassel
15. Birthplace: Pennsylvania

16 (a) Informant: Mary E. Hudson.
(b) Address: 409 Gwynn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory: Friendship Cem.
Location: Anne Arundel County, Md.

18 (a) Funeral director: John J. Cowan & Son.
(b) Address: 901 Hollins St.

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) Huntington-Williams, Inc.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 10:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.

Date signed 2-25-41

VS 6

F 77916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

Registered No. F 77916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Dietrich — Birth F 23915

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/41

8. AGE: Years | Months | Days | If less than one day hr. 30 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Andrew M. Dietrich

13. Birthplace Minerva, Ohio

MOTHER 14. Maiden Name Lillian Janet Brunds

15. Birthplace Salisbury, Md

16 (a) Informant Mrs. Andrew M. Dietrich

(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)

(c) Cemetery or crematory Westminster Cem.

Location Westminster Md.

18 (a) Funeral director J. L. Myers, Jr.

(b) Address Westminster Md.

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VR 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at 10:[illegible] AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1941, to Feb. 25 1941, and that I last saw h er alive on Feb. 25 1941.

Immediate cause of death: Primary bilateral Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emiller B. Whitworth, M.D.

Address Maryland Gen. Hosp. Date signed 2/26/41

342097
77917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M Registered No. X ✓ F 77917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Arlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Wayne St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Arthur Stigler Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-21-40
8. AGE: Years | Months: 6 | Days: 4 | If less than one day: hr. min.
9. Birthplace Pa (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name William Stigler
13. Birthplace Miss
MOTHER 14. Maiden Name Jeanette Amide
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-41 (month) (day) (year)
(c) Cemetery or crematory Tunica
Location Miss
18 (a) Funeral director John O Mitchell & Son
(b) Address 1900 Eutaw Pl.
(b) Date received (by registrar) FEB 25 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 5:10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1941 to Feb 25 1941 and that I last saw him alive on Feb 20 1941.

Immediate cause of death	Duration
Gastro-intestinal hemorrhage	
Due to Cirrhosis of liver	
Due to Congenital obstruction of bile ducts	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: findings as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harriet L. Guild M. D.
Address Johns Hopkins Hospital Date signed 2/25/41

77918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 418 Lafayette Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 418 E. Lafayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne Marie Allender.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas. F. Allender.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1906

8. AGE: Years	Months	Days	If less than one day
34	6	20.	hr. min.

9. Birthplace New York. (Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER

12. Name Longer.

13. Birthplace Germ.

MOTHER

14. Maiden Name Unknown.

15. Birthplace

16 (a) Informant Mrs. Chas. Allender.

(b) Address 418 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location

18 (a) Funeral director Mary Dr. Fairfield.

(b) Address 519 E. Baltimore

19 (a) FEB 25 1941 (Date rec'd by registrar) (b) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 19 41, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Feb 22 1941, and that I last saw h[illegible] alive on Feb. 21 19 41.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 Yrs 0
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. D. Flynn M.D. M. D.

Address 423 E. Mt. St. Date signed 2-23-41

VS 3

F 77919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 77919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Lee Crawford

3 (b) If veteran, name war — no

3 (c) Social Security Account No. 205-05-7262

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1879

8. AGE: Years	Months	Days	If less than one day
61	7	19	hr. min.

9. Birthplace Millwood Co Md (Town, county and state)
10. Usual Occupation Track Foreman
11. Industry or business B & O R.R.

FATHER
12. Name Joshua Crawford
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden Name Mary Hershman
15. Birthplace Frederick Co Md

16 (a) Informant Mary A Crawford
(b) Address 204 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 26 1941 (Date rec'd by registrar)

(b) [illegible] Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941 at 7 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/24/41

F 77920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77920 Registered No. 94-N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 N Lakewood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES H. ASHMAN

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 212-09-2929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ruth R. Ashman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1900

8. AGE: Years	Months	Days	If less than one day
40	2	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Engraver
11. Industry or business Balto. News-Post

FATHER
12. Name David B. Ashman
13. Birthplace Russia

MOTHER
14. Maiden Name Sophia Blake
15. Birthplace Latvia

16 (a) Informant Ruth R. Ashman (wife)
(b) Address 1104 N. Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 FEB 26 1941 (Date rec'd by registrar) Hunting for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 11:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 2-25-41

R 77921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77921 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2358 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2358 Washington Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances R. Knopf

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Joseph Knopf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24th 1868

8. AGE: Years 72 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Reistertown Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Uhler
13. Birthplace Md

MOTHER
14. Maiden Name Mary J. Van Horn
15. Birthplace Md

16 (a) Informant William Keller
(b) Address 2358 Washington Blvd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Huntington Williams, Mgr.
(~~Date received by~~ registrar) Registrar

FEB 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24th 1941, at 12th P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1941 to Feb. 23, 1941. and that I last saw her alive on Feb. 23, 1941

Immediate cause of death Coronary Thrombosis — Duration 12 hrs.

Due to Arteriosclerotic Heart Disease — 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Silverston, M.D.
M. D.
Address 827 Light St. Date signed 2/24/41

Born University Hosp.

F 77922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

F 77922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 17 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE CITY
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 769 Mc KEWIN AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME HERBERT KENT RICHARDSON Birth F 23957

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHT.	SINGLE

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2/8/41

8. AGE: Years	Months	Days	If less than one day
—	—	17	hr. ____ min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation ____
11. Industry or business ____

FATHER
12. Name HERBERT E RICHARDSON
13. Birthplace MD

MOTHER
14. Maiden Name MARIE T. WEYER
15. Birthplace MD

16 (a) Informant FATHER
(b) Address 769 Mc Kewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Leonard J Peck

18 (a) Funeral director 535 Hanford Rd
(b) Address

19 (a) ____ (Date rec'd by registrar) (b) ____

FEB 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 25 1941, at 12 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-41 1941, to 2-25 1941, and that I last saw him alive on 2-25 1941.

Immediate cause of death INFECTIOUS DIARRHEA OF THE NEWBORN — Duration: 16 DAYS

Due to ____

Due to ____

Other Conditions MALNUTRITION (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Mary L. Haylecke M. D.

Address UNION MEMORIAL HOSPITAL Date signed 2-25-41

F 77923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171-P

F 77923

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5109 Sipple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archie Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28-1932

8. AGE: Years 8 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name Archie Gardner Lewis Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Edna Davis
15. Birthplace North Carolina

16 (a) Informant Archie Gardner Lewis Sr.
(b) Address 5109 Sipple Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) FEB 26 1941 (Date received by registrar) (b) Henrietta [illegible] Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941, at 2 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held a Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Subdural hematoma, after
multiple contusions of
Due to hemorrhages of brain
into cerebral edema
Due to Fracture L. temporal bone

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/22/41 2 P.M.
(c) Where did injury occur? Frankford Avenue Excell (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - struck by bicycle

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/23/41

F 77924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 77924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 N Green St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N Green St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Mikusackas

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5744

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ursula Mikusackas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1881

8. AGE: Years	Months	Days	If less than one day
59	4		hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Edward Mikusackas
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Ursula Mikusackas
(b) Address 112 N Green St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasimskas Sons
(b) Address 60 W Washington Blvd

19 (a) FEB 26 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941, to 2-24 1941, and that I last saw him alive on 2-24 1941.

Immediate cause of death Uremic Coma — 3 days
Chronic Nephritis — Twelve Years
Myocardial Degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Joseph L. Bereswill M. D.
Address 110 E. Lombard St Date signed 2-26-41

Bereswill

F 77925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 d

F 77925 Registered No.

FORMS WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703-N-Curley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Curley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary Elizabeth Gaffney

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James A. Gaffney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-13-1873

8. AGE: Years	Months	Days	If less than one day
67	4	11	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George Armeling
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Kimpel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Albert J. Stein (daughter)
(b) Address 703-N-Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 26 1941 (Date received by registrar) (b) Huntington Pollakwe, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1939, to 2-24 1941
and that I last saw her alive on 2-24 1941.

Immediate cause of death Arteriosclerosis — Duration 2 Yr

Due to Cerebral Hemorrhage — 1 Day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Cook M. D.
Address 2 S 30 E Baltimore Date signed 2/25/41

77926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164

Registered No. F 77926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 Hanbert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Hanbert Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Becan

3 (b) If veteran, name war no | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business

FATHER
12. Name Frank Becan
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Franz
15. Birthplace Austria

16 (a) Informant James Becan
(b) Address 1804 Monroe St. N.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem.
Location Viola Rd & Harford Rd

18 (a) Funeral director C. Schumeagh
(b) Address 3601-03 E. Madison St.

19 (a) FEB 26 1941 (Date received by Registrar) (b) Registrar Thurston Hollinsworth, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1941, at 7 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration
Due to
Due to Hanging
Other Conditions Mental Incompetency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-24-41
(c) Where did injury occur? 1117 Hanbert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Rope around neck

23. Signature Howard J. Wenderoth M.D.
Medical Examiner.
Date signed 2-24-41

F 77927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-c Registered No. F 77927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Belvieu Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ½

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Belvieu Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUISA DOROTHY FOWLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George T. Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb., 13, 1848

8. AGE: Years	Months	Days	If less than one day
93	0	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Seibold
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Miller
15. Birthplace ?

16 (a) Informant Mrs. Ethel Bast
(b) Address 4304 Belvieu Avenue

17 (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) FEB 26 1941 (b) [illegible] M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24, 1941, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1940, to Feb 24 1941, and that I last saw h[illegible] alive on 2/24 1941.

Immediate cause of death

	Duration
Cerebral Embolism	6 hours
Due to Old age.	
Due to	
Other Conditions Cardiac Insufficiency	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

VS 3

F 77928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 77928 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ISAAC F. BEAUCHAMP

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Ida E. Beauchamp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1861

8. AGE: Years	Months	Days	If less than one day
79	5	3	hr. min.

9. Birthplace Somerset Co., Maryland
(Town, county, and state)
10. Usual Occupation Optometrist
11. Industry or business

FATHER
12. Name Theodore Beauchamp
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Parks
15. Birthplace Maryland

16 (a) Informant Mrs. Ida Beauchamp
(b) Address 1518 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues,

FEB 26 1941 (Date rec'd by registrar) (by) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1941 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1941, to Feb 23 1941, and that I last saw him alive on Feb 23 - 1941.

Immediate cause of death Myocarditis & Acute Hypostatic Congestion of Heart, Shock — Duration

Due to Mitral Murmur

Due to Hypostatic Congestion Liver & Pneumonia or Pleurisy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. O. Carman M.D.
Address 1701 N. Caroline Date signed 2-28-41

F 77929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 N. Calvert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAULINE HENRIETTA KLEIN

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Daniel Albert Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1856

8. AGE: Years 84 | Months 10 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Christian G. Nickel
13. Birthplace Minden, Germany

MOTHER
14. Maiden Name Friedericka Kuhnold
15. Birthplace Germany

16 (a) Informant Mr. Allen L. Klein
(b) Address 213 Witherspoon Road

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/27/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Pickner & Sons, Inc.
(b) Address North & Pa. Avenues

FEB 26 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24, 1941, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1932 to Feb 24 1941.
and that I last saw her alive on Feb 15 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 8 year
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Pease M.D.
Address 205 Church Date signed Feb 26 1941

F 77930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 77930

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Dobler Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Larsen

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Lydia Franke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Mgr.
11. Industry or business A & P. Co.

FATHER
12. Name John Larsen
13. Birthplace Fleckford Norway

MOTHER
14. Maiden Name Emilie Priebe
15. Birthplace Germany

16 (a) Informant Mrs. Lydia F. Larsen
(b) Address 2105 Dobler Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto. Md

18 (a) Funeral director Wm. J. Sirkner & Sons
(b) Address North & Pa. Aves.

19 (a) Feb 28 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25th 1941, at 6:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4th 1941 to Feb. 25 1941, and that I last saw him alive on Feb 24 1941.

Immediate cause of death Cachexia — Duration

Due to Carcinoma of Prostate

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 2/25/41 M. D.

F 77931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 77931

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Rottman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace New York (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frederick Geisel
13. Birthplace ?

MOTHER
14. Maiden Name Emma Fiestling
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof feb. 27, 1941 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiederold
(b) Address 914 Greenmount Ave

FEB 28 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1941 19 7.30p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941, to Feb 24 1941, and that I last saw her alive on Feb 24 1941.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Cerebral Hemorrhage	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M.D.
Address 1631 E. North Ave Date signed 2/25/41

VS 3

7932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D

F 77932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 Fareckson Pl.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Fareckson Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Lee Harker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife Filmore
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1934

8. AGE: Years	Months	Days	If less than one day
6	4	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Filmore J. Harker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Williams
15. Birthplace Baltimore Co. (Kingsville)

16 (a) Informant Margaret Harker
(b) Address 1604 Fareckson Pl.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East end of North Ave.

18 (a) Funeral director Martin W. E. Dippel's Sons
(b) Address Lo. Madison & Ann Sts.

19 (a) FEB 26 1941 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1941, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941, to Feb 27 1941, and that I last saw him alive on Feb 23 1941.

Immediate cause of death	Duration
Malnutrition	
Due to Congenital Hypoplasia of Brain	Since Birth
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chas. J. Sabatski, M.D.
Address 639 N. Patterson Pk. Date signed 2/28/41

77933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77933

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct answer cannot be given, write "unknown." Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 534 St Mary. Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 22 W. Lafayette Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelius Elizabeth Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Floyd Douglas

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) April 29, 1921

8. AGE: Years	Months	Days	If less than one day
19	9 10	23	hr. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name James Banks

13. Birthplace Virginia

MOTHER

14. Maiden Name Sarah Faison

15. Birthplace N. Carolina

16 (a) Informant Ethel Shelton

(b) Address 1518 Traction St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)

(c) Cemetery or crematory Cemetury

Location Mt. Calvary

18 (a) Funeral director H. Brookes old

(b) Address 1463 Carey St.

19 (a) Date rec'd by registrar (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1941, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to 19, and that I last saw her alive on Feb. 15 1941.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joshua Wiseman M. D.

Address 1800 N. Charles St. Date signed 2/24/41

F 77934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2360 Hoshton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2360 Hoshton st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELSIE ESTEP Birth F-19349

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1940

8. AGE: Years	Months	Days	If less than one day
	3	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation — infant
11. Industry or business

FATHER
12. Name Robert Estep
13. Birthplace Anne Arundel Md

MOTHER
14. Maiden Name Eva Brown
15. Birthplace Calvert County Md

16 (a) Informant Mother, Eva Estep
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)
(c) Cemetery or crematory Mt Aub
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pressman St

19 (a) FEB 26 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Pneumonia lobular — Duration 2 days
January.
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 2-25-41

VS 6

F 77935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S. Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hermann E. Matthies

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Emma E. Matthies

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14-1872

8. AGE: Years	Months	Days	If less than one day
68	8	10 11	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Grocery and

FATHER 12. Name August Matthies
13. Birthplace Germany

MOTHER 14. Maiden Name Augusta Seefeld
15. Birthplace Germany

16 (a) Informant Mrs. Emma E. Matthies
(b) Address 4 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28-1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director George L. Schwartz
(b) Address 2101 Frederick Ave.

19 (a) (Date rec'd by registrar) FEB 26 1941 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Feb. 25 1941, and that I last saw h[illegible] alive on 2-24 1941.

Immediate cause of death

Duration

Chronic Interstitial Nephritis

Due to Hypertension

Due to Myocarditis

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death) over

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Cohn M.D.
Address 2145 N. Balto St Date signed Feb 26-41

F 77936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 77936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 W. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Festus Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation City Employee

11. Industry or business

FATHER
12. Name Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Reed
15. Birthplace Mississippi

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-41 (month) (day) (year)
(c) Cemetery or crematory Shiloh Cemetery
Location West Virginia

18 (a) Funeral director Thomas Drake Sypher
(b) Address 1600 Ss. North Ave.

19 (a) FEB 26 1941 (Date rec'd by registrar) Thomas Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 1941, at 1.25 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1941, to 2-25 1941, and that I last saw him alive on 2-25 1941.

Immediate cause of death	Duration
Benign prostatic hypertrophy	?
Due to Urinary retention	
Due to Pyelonephritis	2 wks
Other Conditions	2 wks

(Include pregnancy within 3 months of death)

Date of operation 2-4-41

Major findings of operation: Benign prostatic hypertrophy

Findings of autopsy: Pyelonephritis - cystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 2-25-41

77937 Dr. Enson ✓ F 77937
4936 Park Heights Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95-C
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4837 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4837 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Jacob O. Isanogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Florence Isanogle
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct. 12 - 1856

8. AGE: Years 84 | Months 4. | Days 12. | If less than one day: hr. ... min.

9. Birthplace Cresagerstown Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired Builder

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. J. C. Rupp
(b) Address 26 Overhill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore

18 (a) Funeral director Francis Cook Eyfer
(b) Address 1600 W. North Ave

19 (a) FEB 26 1941 (Date rec'd by registrar) (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Feb 24 1941, and that I last saw h-im alive on Feb 24 1941.

Immediate cause of death: Cardiac de-Compensation — Duration: unknown

Due to

Due to

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Enson M.D.
Address 4936 Park Hts Ave Date signed 2-25-41

VS 3

Huntington for Indiana, Md.

F 77938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3043 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 W. North Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN L. EVANS Jr.

3 (b) If veteran, name war No.....
3 (c) Social Security Account No. No.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 27 1930

8. AGE: Years	Months	Days	If less than one day
10	1	27	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John L. Evans Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ida M. Thalheimer
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. John L. Evans Sr.
(b) Address 3043 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41. (month) (day) (year)
(c) Cemetery or crematory New Cathederal
Location Baltimore Maryland
18 (a) Funeral director J. B. Shippert & Son
(b) Address 1300 Eutaw Place
19 (a) FEB 26 1941 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 1941, to Feb. 24 1941, and that I last saw h[illegible] alive on Feb. 24, 1941.

Immediate cause of death Broncho-pneumonia — Duration 14 days
Due to extension of upper respiratory infection; bronchitis.
Due to
Other Conditions Muscular dystrophy — 8 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Hamer M. D.
Address 3300 W. North Ave Date signed 2 Mar 41

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77939 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3338 Elmora Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 8 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3338 Elmora Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda M Scott

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) ~~Single, married, widowed, or divorced~~ Widow

6 (b) Name of husband or wife Wm Scott.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28-1860

8. AGE: Years 80 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name John Thomas Gilmore

13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret McCracken

15. Birthplace Ireland

16 (a) Informant Mrs Isabelle Ryder

(b) Address 2648 Windsor Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-1941 (month) (day) (year)

(c) Cemetery or crematory Woodland Memorial Co

Location Catonsville Md

18 (a) Funeral director Leitzinger Bros

(b) Address 2334 Charles St

19 (a) FEB 26 1941 Huntington Williams M.D.

(b) Date of certification

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio Vascular disease

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Helfrich M.D. Medical Examiner.

Date signed 2/25/41

VS 6

3942957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 77940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 E Cross (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Sylvester
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sylvester
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) 6-6-08
8. AGE: Years 32 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.
9. Birthplace VA (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Hayes Bristow
13. Birthplace VA

MOTHER
14. Maiden Name Edna Purcell
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27 1941 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) [illegible] (Signature of registrar)

FEB 26 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941 to Feb 24 1941, and that I last saw him alive on Feb 24 1941.

	Duration
Immediate cause of death: emaciation & dehydration	2 wks
Due to: CA of stomach with multiple peritoneal implants	8 mos.
Due to: ?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2/11/41
Major findings of operation: extensive metastases.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M.D.
Address Johns Hopkins Hospital Date signed 2/28/41

F 77941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1255 Riverside Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 Riverside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Bienlein

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-018-696

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ellanore Bienlein
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business Tailor

FATHER
12. Name John Bienlein
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Warns
15. Birthplace Germany

16 (a) Informant Ellanore Bienlein
(b) Address 1255 Riverside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel County

18 (a) Funeral director Elizabeth Marle Inc.
(b) Address 115 East West Street, Williamsport, Md.

19 (a) FEB 26 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 1:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 2-26-41

VS 6

F 77942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 77942 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2523 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Brookfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME S. JOHN LION, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ida M. Lion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	15	hr. min.

9. Birthplace Warrenton, Va.
(Town, county, and state)
10. Usual Occupation Real Estate Broker.
11. Industry or business

FATHER
12. Name Louis Lion.
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Block.
15. Birthplace Balto. Md.

16 (a) Informant Mrs. S. John Lion, Sr.
(b) Address 2523 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harris Lonsdale & Son
(b) Address 1902 Eutaw Place.

19 (a) FEB 28 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937, to Feb 25 1941, and that I last saw h[illegible] alive on Feb 24 1941.

Immediate cause of death	Duration
Cerebral Thrombosis	3 Days
Due to Arteriosclerosis	5 years
Due to	
Other Conditions Diabetes mellitus	4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan Bernstein M. D.
Address 1039 N. Calvert St Date signed 2/28/41

F 77943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 37943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenway Apts.
(c) Hospital or institution: --------
12-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & 34th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME IDA MAGRUDER GOUGH

3 (b) If veteran, name war ----
3 (c) Social Security Account No. --------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Bernard B. Gough
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1881

8. AGE: Years	Months	Days	If less than one day
59	5	23	____ hr. ____ min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Lyttleton Magruder
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida Mann
15. Birthplace Maryland

16 (a) Informant Bernard B. Gough
(b) Address Greenway Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location ____

18 (a) Funeral director Chas. P. Gray Undertaker
(b) Address 118 W. Mt. Royal Ave.

19 (a) FEB 26 1941 (Date rec'd by Registrar) (b) Huntington Hilliard, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1941, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1923 to Feb 24 1941.
and that I last saw her alive on Feb 24 1941.

Immediate cause of death
Due to Hypertension — Duration 18 years
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature H. H. Pearce M. D.
Address 405 Chas. St. Date signed Feb 25

F 77944 dr 63886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

Registered No. F 77944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Philadelphia Rd. & Horner Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
?57			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hosptials

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 26 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 26 1941 (b) Huntington Williams, M.D.
Date Received (Registrar)

VS 8

6300

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1941, at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1941, to 2-21-1941, and that I last saw h-- alive on 2-21-1941.

Immediate cause of death: Cerebral Hemorrhage — Duration ?
Due to: Hypertensive CVD — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Balto City Hosp. Date signed 2-25-41

F 77945

Ferrell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 141-F

F 77945

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HILDA. B. FERRELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Kent R Ferrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1907

8. AGE: Years	Months	Days	If less than one day
33	10	5	hr. min.

9. Birthplace Chase Md.
(Town, county, and state)

10. Usual Occupation Nursing

11. Industry or business

FATHER
12. Name Howard E. Bragier
13. Birthplace Chase Md.

MOTHER
14. Maiden Name Helen Crouch
15. Birthplace Chase Md

16 (a) Informant Howard E. Bragier
(b) Address Chase Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Cem.
Location Chase Md

18 (a) Funeral director F. Jarvis Hon
(b) Address Aberdeen Md.

19 (a) (Date received by registrar) FEB 26 1941 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 2 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Septicemia	
Due to Acute suppurative endometritis	
Due to Criminal abortion (History)	
Other Conditions Pneumonia lobular	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Criminal abortion
(b) Date of occurrence January 24, 1941
(c) Where did injury occur? Aberdeen, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Doctors office While at work? —
(Specify type of place)
(e) Means of injury Curettage of uterus

23. Signature H. L. Wakelin Jr M.D.
Post Medical Examiner.

Date signed 2-25-41

F 77946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. F 77946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Raspe Avenue
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) - -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Raspe Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Thomas Mitchell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-10-0065

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henrietta Berends
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1879

8. AGE: Years 61 | Months 11 | Days 12 | If less than one day: 13 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Revere Copper Co.

FATHER
12. Name James W. Mitchell
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jane W. Norwood
15. Birthplace Baltimore

16 (a) Informant Henrietta Mitchell
(b) Address 4311 Raspe Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27. 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SON Inc
(b) Address North Ave. & Broadway

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

FEB 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24, 1941, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Feb 24 1941 and that I last saw [illegible] alive on Feb. 22 1941.

Immediate cause of death: Myocardial Insufficiency — Duration 3 yrs.
Due to: Renal Arterio-Sclerosis — 3 yrs.
Due to: a Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry E. Wilson M. D.
Address 3 W. Biddle St. Date signed 2-24-41

F 77947

F 77947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Guilford Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Katzenberger

If U. S. Veteran specify WAR

(a) Residence: No. 2033 Guilford Ave St., Ward. Balto F 24393

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 - 1941

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 2033 Guilford Ave

FATHER

13. NAME Baby Francis J.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother

(Address) 2033 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md Hygiene Lab Date 2/17 41

19. UNDERTAKER W. R. Johnson M.D.

(Address)

20. FILED FEB 26 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1941

22. I HEREBY CERTIFY, That I Attended deceased from Feb 12 1941 to Feb 16 1941

I last saw h[illegible] alive on 2/15 1941. Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinically Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) W. R. Johnson M. D.

(Address) 408 Med Arts Bg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

F 77948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-F

Registered No. F 77948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queens Anne
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Randolph Gertz Birth F 7, 1941

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-40

8. AGE: Years 0 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Albert H Gertz
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Thomas
15. Birthplace Chester Md

16 (a) Informant Albert H Gertz
(b) Address Chester Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chester Md
Location

18 (a) Funeral director Wm Cook
(b) Address 1219 St Paul St

19 (a) (Date rec'd by registrar) (b) Chesterville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1941 to Feb. 25 1941, and that I last saw him alive on Feb. 25 1941.

Immediate cause of death: Pneumonia, lobar — Duration
Due to: Congenital syphilis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hartz M. D.
Address University Hosp Date signed 2-26-41

VS 3

F 77949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77949

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Ann Gayle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Joseph M. Gayle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1855

8. AGE: Years 86 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas Killmon
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Foster
15. Birthplace Balto., Md.

16 (a) Informant Mrs. G. Benson Swindell
(b) Address Wardour, Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)
(c) Cemetery ~~crematory~~ Mt. Olivet
Location Frederick Ave., Balto., Md.

18 (a) Funeral director John Crutchfield & Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) FEB 26 1941 (Date rec'd by registrar) (b) Huntington Willis, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 19 41, at 12 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1941, to Feb 25 1941, and that I last saw h alive on 19

Immediate cause of death: Pneumonia lobar both lungs — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Johnson M. D.

Address Medical Arts Bldg. Date signed

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77950 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3913 Juniper Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Juniper Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

124

3 (a) FULL NAME Ida V. Towers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Francis E. Towers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1867

8. AGE: Years	Months	Days	If less than one day
73	5		hr. min.

9. Birthplace Talbot County, Md.
(Town, county, and state)

10. Usual Occupation housewife, retired

11. Industry or business

FATHER
12. Name John E. Barrick
13. Birthplace Md.

MOTHER
14. Maiden Name Wyatt
15. Birthplace Md.

16 (a) Informant Russell Fountaine
(b) Address 4635 Kernwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)
(c) Cemetery ~~crematory~~ Spring Hill
Location Easton, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) FEB 26 1941 (Date received by Registrar) Huntington Hill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1941, at 3.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940, to 2-25- 1941, and that I last saw her alive on 2-25- 1941.

Immediate cause of death Coronary Thrombosis

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.
Address 36 York Court Date signed 2/25/41

77951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 ✓ F 77951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. #610 St John road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Atwood ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1853

8. AGE: Years	Months	Days	If less than one day
87	7	3	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Elkonah Atwood
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Nancy Shaw
15. Birthplace Massachusetts

16 (a) Informant Daughter, Mrs. Avis Stuntzvant
(b) Address 610 St. Johns Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Thomaston Cem.
Location South Carver Mass

18 (a) Funeral director John S. Mitchell Sons
(b) Address 1900 Eutaw Pl

19 FEB 26 1941 (Date rec'd by registrar) (b) Hunting for Halloway M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1941, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1941, to Feb. 26 1941, and that I last saw h~~im~~ alive on Feb. 26 1941.

Immediate cause of death Bilateral Lobar Pneumonia — Duration
Due to Pneumococcus
Due to
Other Conditions Arteriosclerotic heart disease + auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul J. Kammerdiener M. D.
Address Church Home + Infirmary Date signed 2-26-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

77952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 77952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mths

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County Kings
(c) City or town Brooklyn N.Y.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1965 - 50th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DAVID S. COHEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 088-09-2811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband/wife Fanny Rosenberg.
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace N. J. U. S. A. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name William Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Evens
15. Birthplace Russia

16 (a) Informant Fanny Cohen - Wife
(b) Address 1965 50th St Brooklyn N.Y.

17 Shipped 2/26/41 Date thereof 2/26/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington

18 (a) Funeral director Jos. L. Levin Inc
(b) Address 1439 E. Baltimore St

19 FEB 26 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration of brain — Duration
Due to Fracture of base of skull
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 24, 1941
(c) Where did injury occur? Edgewood Arsenal Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fell from scaffold

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 2-26-41

VS 6

F 77953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 77953

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Robinson Jr. Birth F 06832

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5, 1940

8. AGE: Years	Months	Days	If less than one day
	11 mos	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name William Robinson Sr.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marie Samuels
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Marie Robinson
(b) Address 1805 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) FEB 27 1941 (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 1941, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1941, to 2-25 1941, and that I last saw him alive on 2-11 1941.

Immediate cause of death: Meningitis — Duration:
Due to Tuberculosis — ? 2 wks
Due to
Other Conditions Miliary Tuberculosis — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy To be done 2-26-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp Date signed 2-26-41

VS 3

F 77954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

F 77954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Madison Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Madison st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Marie E Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col.	married

6 (b) Name of husband or wife Charles Smith
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Apr 1 - 1898

8. AGE: Years	Months	Days	If less than one day
42	10	23	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Frank Hawkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie Blake
15. Birthplace Maryland

16 (a) Informant Chas. D Smith
(b) Address 919 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs. Gus R. Holland
(b) Address 1631 Druid Hill Ave

FEB 27 1941 (State fee'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24th 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7, 1941 to Feb 24 1941 and that I last saw h[illegible] alive on Feb 24, 1941.

Immediate cause of death	Duration
Endocarditis	16 Da.
Due to Rheumatism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D. Frankfeld M. D.
Address 354 W. Fitzh Date signed 2-25-41

VS 3

F 77955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 77955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 6-1890

8. AGE: Years 50 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace: Caroline Co. Va (Town, county and state)

10. Usual Occupation: Housekeeper

11. Industry or business

FATHER
12. Name: Edward Bowles
13. Birthplace: Caroline Co Va

MOTHER
14. Maiden Name: Lizzie ?
15. Birthplace: Caroline Co. Va

16 (a) Informant: Mrs. Edna Chase
(b) Address: 917 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or ~~cemetery~~
Location: Bally - Caroline Co. Va

18 (a) Funeral director: Mrs. Geo. F. Holland
(b) Address: 1731 Druid Hill Ave

19 (a) FEB 27 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1941, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1941, to 2-23 1941, and that I last saw her alive on 2-25 1941.

Immediate cause of death
Cardio - Vascular
Due to: Renal Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1033 Druid Hill Date signed 2-24-41 M. D.

F 77956

389630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Harris (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 W. Harris Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Wash

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
F	White	Widowed

6 (b) Name of husband ~~or wife~~ Maurice Wash
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-72

8. AGE: Years	Months	Days	If less than one day
69	1	4	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Anthony Fuchs
13. Birthplace Hungary

MOTHER
14. Maiden Name Sophy Adler
15. Birthplace Hungary

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof 2/27/41
(~~Burial~~, cremation, ~~or removal~~) (month) (day) (year)
(c) ~~Cemetery~~ or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Hunting & Williams U.S. Registrar
(Date filed by registrar)

FEB 27 1941 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 1235 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940, to 2-26 1941, and that I last saw her alive on 2-24 1941.

Immediate cause of death: Gastric and upper intestinal hemorrhage — Duration: 3 days
Due to: Carcinoma of head of pancreas — Duration: 6 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David W. Briggs M. D.
Address Johns Hopkins Hosp. Date signed 2/26/41

F 77957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33

F 77957

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2837 Remington Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2837 Remington Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Drucilla C. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1873

8. AGE: Years 67 Months 10 Days 1 If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Daniel Price

13. Birthplace Md

MOTHER 14. Maiden Name Ellen Cutler

15. Birthplace Md

16 (a) Informant Williams Price

(b) Address 2101 Oak St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co.

18 (a) Funeral director Sam'l. H. Grant & Son

(b) Address 638 W. Lemmon St.

FEB 27 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1941, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1941, to Feb. 26 1941, and that I last saw h[illegible] alive on Feb. 26 1941

Immediate cause of death

Lobar Pneumonia — Duration 4 days

Due to

Due to Influenza — Duration 1 day

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature [illegible]

Address 112 W. 25th Date signed 2/26/41

F 77958

Alvina Wright

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77958

Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 500 Archer N

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 500 Archer N

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvina Wright

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	W

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name unknown

15. Birthplace

16 (a) Informant Louis Freeman

(b) Address 607 Archer N

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director James A Stuart

(b) Address 1842 W. Fayette St

19 (a) Filed FEB 27 1941 (Date filed by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1941, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1941, to Feb 25 1941, and that I last saw h alive on Feb 25 1941.

Immediate cause of death	Duration
(a) Pneumonia	1 day
Due to (b) Intestinal Neoplasm	?
Due to (c)	
Other Conditions Arteriosclerosis Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Wheeler M.D.

Address 615 W Bdwy Date signed 2-26-41

F 77959

Drzeuriecki

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 77959

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1634 N Gay St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1634 N Gay St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Drzeuriecki

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4510

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beulah Drzeuriecki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1885

8. AGE: Years	Months	Days	If less than one day
55	2	6	hr. min.

9. Birthplace Posen Germany

(Town, county, and state)

10. Usual Occupation Helper American

11. Industry or business Brewery bg

FATHER — 12. Name	John Drzeyriecki
FATHER — 13. Birthplace	Posen Germany
MOTHER — 14. Maiden Name	Mary Wysnurski
MOTHER — 15. Birthplace	Posen Germany

16 (a) Informant Mrs Beulah Drzeuriecki

(b) Address 1634 N Gay St

17 (a) Burial (b) Date thereof Feb 28th 1941

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Kostka

Location Dundalk Ave

18 (a) Funeral director Leo S. Cook

(b) Address 1701-03 N Patterson Park ave

FEB 27 1941 (b) Huntingtn Williams Mgr

(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1941 at 1130 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1941 to Feb 25 1941

and that I last saw h alive on Feb 24 1941

Immediate cause of death

Pulmonary Tuberculosis

Interlobar Empyema

Due to Tubercle Bacillus

Duration 3 months.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Albert Eisenberg M.D.

Address 2025 E Hurtle Ave Date signed 2/26/41

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77960

F 77960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Park Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Nellie D. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Denwood A. Jones

6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) Nov. 6-1866

8. AGE: Years 74 | Months 3 | Days 20 | If less than one day min.

9. Birthplace Princess Anne Somerset Co. Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own home

FATHER
12. Name George B. Dennis
13. Birthplace Pocomoke City - Maryland

MOTHER
14. Maiden Name Ellen R. Johnston
15. Birthplace Maryland

16 (a) Informant Miss Nell R. Jones
(b) Address 407 Park Avenue

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** Feb. 28-1941 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Princess Anne
Location Somerset Co. Md.

18 (a) Funeral director Chas. E. Franck
(b) Address 847 Madison Ave

19 (a) Feb 27 1941 (Date received by Registrar) **(b)** Thomas J. Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1941, at 1 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 25 1941 to February 26 1941, and that I last saw h[illegible] alive on Feb. 26 1941.

Immediate cause of death Carcinoma - Stomach — Duration 6-8 months

Due to

Due to

Other Conditions Metastasis to Liver — 3-4 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Schaefer, M.D.
Address Mercy Hospital **Date signed** 2/28/41

VS 2

THE REVERSE SIDE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

F 77961

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 430 Caroline St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 430 N Caroline St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1866

8. AGE: Years 75 | Months — | Days — | If less than one day hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER 12. Name unk

13. Birthplace unk

MOTHER 14. Maiden Name unk

15. Birthplace unk

16 (a) Informant Mrs Harvey

(b) Address 430 Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Balto. County Md.

18 (a) Funeral director Joseph S. Lokey Jr.

(b) Address 1,304 N. Central Ave

19 Huntington Williams, Inc.

(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1941 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941, to 2-24 1941 and that I last saw h[illegible] alive on 2-24 1941.

Immediate cause of death Acute Lobar Pneumonia — Duration 2/23/41

Due to /

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 50 [illegible] Date signed 2-25-41

F 77962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a F 77962 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Cecil Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward S Kidwell

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Ada A Kidwell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1860

8. AGE: Years 80 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Alexandria, Virginia (Town, county and state)

10. Usual Occupation Retired manufacturer

11. Industry or business

FATHER
12. Name George Timothy Kidwell
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah A Harper
15. Birthplace Virginia

16 (a) Informant Miss Gertrude M Kidwell
(b) Address 1902 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1941 (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial
Location Baltimore Co Md

18 (a) Funeral director Jos Leitch & Sons
(b) Address North Ave

FEB 27 1941

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 5 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1941 to 2-26 1941, and that I last saw h alive on 2-25 1941.

Immediate cause of death Cardiac failure — Duration

Due to Myocardial damage

Due to

Other Conditions Uremia & urinary obstruction.
(Include pregnancy within 3 months of death)

Major findings: at supra pubic cystotomy
Of operations Tube prostate (excluding tumor) urethra at intravesical orifice
(BENIGN)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B Barnes
Address Mercy Hospital Date signed 2-26-41 M. P.

VS 3

F 77963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 77963
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 E 37½ St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RUTH M. LOUIS DISNEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Elwyn Lee Disney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1897

8. AGE: Years 43 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry D. Louis
13. Birthplace Maryland.

MOTHER
14. Maiden Name Adelaide Hatfield
15. Birthplace Maryland.

16 (a) Informant Hospital Records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) Date received by local registrar FEB 27 1941 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1941, at 3½ M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~Dec~~ Nov 24 1941 to Feb 26 1941, and that I last saw h m alive on Feb 25 1941.

Immediate cause of death — Duration

Due to Primary Carcinoma of Breast

Due to Generalized Metastatic Carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 2/26/41

F 77964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Balt.~~
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Elgin Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis D Reed. (Lewis Darling Reed)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-09-4881

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs. Florence R. Reed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-1879

8. AGE: Years 61 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Md. (Balto.) (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name John Reed

FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Emma Mayer

MOTHER 15. Birthplace Balto. Md.

16 (a) Informant Mrs. F. W. Reed

(b) Address 3403 Elgin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Wm. J. Jackson & Sons

(b) Address 3132 Pa. Ave.

19 (a) FEB 26 1941 (Date rec'd by registrar) (b) Registrar

Thurlow Weed Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1941, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1941, to 2/26 1941, and that I last saw him alive on 2/26 1941.

Immediate cause of death: Bronchial pneumonia & cardiac weakening

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. V. Rohman M.D.

Address Md General Hosp Date signed 2/26

F 77965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77965 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Dukeland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Dukeland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F Metzger

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Catherine J

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1865

8. AGE: Years	Months	Days	If less than one day
75	7	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired (Bricklayer)

11. Industry or business

FATHER 12. Name John Metzger
13. Birthplace Germany

MOTHER 14. Maiden Name Mary K Adnpe
15. Birthplace Germany

16 (a) Informant Susanna Fletcher
(b) Address 2830 W North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28/41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O Donnel st

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

19 (a) 27 1941 (Date rec'd by Registrar) (b) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 11.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1941, to Feb 25 19..., and that I last saw him alive on Feb 25 1941.

Immediate cause of death: Chronic Cardiovascular disease — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest H Kline, M. D.

Address 1735 Pop. Gr. St Date signed 2/26/41

F 77966

77966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamphrett av.
(c) Hospital or institution Mrs. Bates Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore St (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 N. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Stoetzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Ferdinand

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12-1854

8. AGE: Years	Months	Days	If less than one day
86	2	1st 13	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business —

FATHER
12. Name Hamilton
13. Birthplace Germany

MOTHER
14. Maiden Name dont know
15. Birthplace Germany

16 (a) Informant Mrs. La-Sure
(b) Address 1731 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director John A. McGan
(b) Address 3000 E. Balto St.

19 (a) (b) Date rec'd by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1941 at 11P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1941 to 7/26 1941 and that I last saw her alive on 7/22 1941

Immediate cause of death

Carcinoma Colon

Due to Myocarditis

Due to Arteriosclerosis & Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
5 days
2 yrs.
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Levenberg

Address 1731 N. Pulaski St. Date signed 7/26/41

F 77967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131 F 77967

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Woodbine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Woodbine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 yrs. years

3 (a) FULL NAME Michael Koll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Barbara Wettig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1858.

8. AGE: Years	Months	Days	If less than one day
82	8 9	27 26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Grocer
11. Industry or business

FATHER
12. Name John Koll
13. Birthplace Germany

MOTHER
14. Maiden Name Unknoken
15. Birthplace Germany

16 (a) Informant Miss. Madeline Koll
(b) Address 3608 Woodbine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons.
(b) Address 1801 W. North. Ave.

19 (a) FEB 27 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25 1941 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938, to Feb 1941, and that I last saw him alive on 2/25 1941.

Immediate cause of death 2/25/41 — Duration

Uraemia

Due to Arteriosclerosis of renal vessels

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wolpert M.D.
Address 4710 Liberty Hts Ave Date signed 2/27/41

VS 3

F 77968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 F 77968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1800 Park Ave.~~
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~B~~
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Nannie B. Duke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles Clarence Duke
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) May 26, 1885
8. AGE: Years 55 | Months 9 | Days — | If less than one day — hr. — min.
9. Birthplace: Maryland Baltimore County (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Joseph S. Baldwin M. D.
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Nannie Bissell
15. Birthplace: Maryland

16 (a) Informant: C. Clarence Duke
(b) Address: 1800 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Frederick Road & Augusta Ave

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) 2-27-1941 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 1:12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 2-26 1941, and that I last saw her alive on 2-26 1941.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital
Date signed 2/28/41

VS 3

F 77969
39345-3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Fo-5 F 77969
Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4127 Sunnyside
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Arndt Butler 2089x

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-40

8. AGE: Years | Months: 2 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Maryland —
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm - Arndt
13. Birthplace Md —

MOTHER
14. Maiden Name Rita Small
15. Birthplace Ohio

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Ht. Ave.

19 (a) (Date rec'd by Registrar) Registrar

FEB 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 26 1941, and that I last saw him alive on Feb 26 1941.

Immediate cause of death: Lipoid pneumonia — Duration: 6 wks?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ettel Walker M. D.

Address Baltimore Date signed 2/26/41

77970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 77970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 E Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME AGATHA A. SAWICKI

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Adolf Sawicki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
64 63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Thomas Mufisiewski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Julia Fisher
(b) Address 2213 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 401 S. Chester Street

(b) Huntington Williams, N.Y.

FEB 27 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said — find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.
Date signed 2-26-41

F 77971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 Registered No. F 77971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS PANLERO

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Mamie Panlero
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace New York, N.Y. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name John Panlero
13. Birthplace Italy

MOTHER
14. Maiden Name Plutolemi Carita
15. Birthplace Italy

16 (a) Informant Rose Padero
(b) Address 722 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Wm Cook.
(b) Address 1217 St. Paul St.

FEB 27 1941 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26, 1941, at 8:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williamson M.D. Medical Examiner.
Date signed 2-26-41

VS 6

77972 62353-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-2

Registered No. 77972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 23ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

26,42

3 (a) FULL NAME George Schreiber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-1868

8. AGE: Years	Months	Days	If less than one day
73	0	28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER
12. Name UNK.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28/41 (month) (day) (year)
(c) Cemetery or crematory Frat Gen Untd Lab
Location O'Donnell St

18 (a) Funeral director John Wilfert
(b) Address 2018 Orleans St

19 FEB 27 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1941, to 2-26 1941, and that I last saw him alive on 2-26 1941.

Immediate cause of death	Duration
Carcinoma of Larynx c metastasis	1yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ludwig V. Ichlert Jr. M.D.
Address Baltimore City Hosp. Date signed 2-27-41

VS 3

F 77973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Methodist Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tilghman Andrews

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1864

8. AGE: Years 77 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace East Newmarket, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business New Amsterdam Casualty Co.

FATHER 12. Name Unknown

FATHER 13. Birthplace

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Mrs. R. Tilghman Brice III

(b) Address Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)

(c) Cemetery or crematory East Newmarket

Location Dorchester Co., Md.

18 (a) Funeral director Wm. J. Zirkner & Sons

(b) Address North & Pa Ave.

19 FEB 27 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1941, at 1:04 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner.

Date signed 2/27/41

VS 6

F 77974

41/139 –

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77974

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 452 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 452 E. Fort Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

24

3 (a) FULL NAME George Schaener

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 8, 1875

8. AGE: Years	Months	Days	If less than one day
65	10	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Schaener
13. Birthplace Germany

MOTHER
14. Maiden Name Marguerita Unger
15. Birthplace Germany

16 (a) Informant Miss Anna M. Moore (Niece)
(b) Address 452 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Md.

18 (a) Funeral director C. Howard Evans
(b) Address 400-2 S. Charles St.

19 (a) FEB 27 1941 (Date rec'd by registrar) (b) Huntington Pike, Baltimore Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to Feb 26 1941, and that I last saw h in alive on Feb 26 1941.

Immediate cause of death	Duration
Cardio Renal Disease	?
Due to Chronic Myocarditis	
Due to Chronic Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Streett M. D.

Address 421 E Fort Ave. Date signed 2/27/41

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 77975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 77975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 106 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Luiza Birth F 17388

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1940

8. AGE: Years | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Luiza
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Doris Kriss
15. Birthplace Baltimore, Md

16 (a) Informant John Luiza
(b) Address 106 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John J. Grebliunas Jr.
(b) Address 423 S. Paca St.

19 FEB 27 1941 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941 at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941 to Feb 26 1941.
and that I last saw her alive on Feb 22 1941.

Immediate cause of death Bronchopneumonia.
Due to Bronchitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 3 days
7 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Greblunas Jr. M.D.
Address 423 S. Paca St. Date signed 2/27/41

VS 3

77976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 27976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 327 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5-6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Regester Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Booker (54430)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-4774

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1912

8. AGE: Years 28 | Months 4 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Samuel

13. Birthplace Va.

MOTHER — 14. Maiden Name Elizabeth Dickerson

15. Birthplace Va.

16 (a) Informant Hospital Records

(b) Address

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Mar 1st 1941 (month) (day) (year)

(c) Cemetery or crematory Amelia Co, Va

Location Amelia Co Va

18 (a) Funeral director Elroy A Wilson

(b) Address 1000 Brightfield Ave, Balto, Md

19 (a) FEB 27 1941 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1941, at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1940 to Feb. 26, 1941, and that I last saw him alive on Feb. 26, 1941

	Duration
Immediate cause of death Pulmonary Tuberculosis	1½ yrs
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Monroe Hobbs

Address Balto. City Hospitals Date signed 2-27-41

77977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No. F 77977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 E Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID LAWRENCE

3 (b) If veteran, name war: WORLD WAR
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Dollie Lawrence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace St Mathews, S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Dollie Lawrence
(b) Address 1728 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Elroy C Wilson
(b) Address 1899 Brantley Ave

19 (a) FEB 27 1941 (Date rec'd by registrar) (b) Huntington Hill

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 3:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Syphilis cardiovascular	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 2-25-41

77978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Clarke & 32nd Sts.
(c) Hospital or institution: Johns Hopkins University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Calloway Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDGAR H. MC LEAN

3 (b) If veteran, name war

3 (c) Social Security Account No. Will-Call

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle Gallagher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1880

8. AGE: Years 60 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Meter Reader

11. Industry or business Johns Hopkins Univ.

FATHER 12. Name John W. McLean

13. Birthplace Scotland

MOTHER 14. Maiden Name Sarah Jane Gaenell

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. M. Grace Johnston (Sister)

(b) Address 3710 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director Harry A Nitzke

(b) Address 4016 Edmondson ave.

19 (a) FEB 27 1941 (Date received by Registrar) (b) Huntington Ave Baltimore, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration 1 year

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 2-26-41

77979
393076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 12

Registered No. F 77979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Hampstead (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Overbaugh ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-30

8. AGE: Years	Months	Days	If less than one day
11	0	24	hr. min.

9. Birthplace Penn- (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Charles Overbaugh
13. Birthplace Penn

MOTHER 14. Maiden Name Fern Morris
15. Birthplace Md-

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-41 (month) (day) (year)
(c) Cemetery or crematory cemetery
Location Manchester Md

18 (a) Funeral director Jacob Winter's Sons
(b) Address Manchester Md

19 (a) (State registrar) (b) Huntington Williams M.D.
FEB 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 2 P.S.T. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941 to Feb 26 1941, and that I last saw him alive on Feb 26 1941.

Immediate cause of death	Duration
Tetanus	5 days
Due to	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/26/41

F 77980 ✓ F 77980

BALTIMORE CITY HEALTH DEPARTMENT

DH **CERTIFICATE OF DEATH** 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1864

8. AGE: Years	Months	Days	If less than one day
76	7 10	26	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business unemployed

FATHER
12. Name John Anderson Scott
13. Birthplace S. Car.

MOTHER
14. Maiden Name Diana
15. Birthplace Mass.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-28-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Brooklyn

18 (a) Funeral director C N Alexander
(b) Address 1200 Hamilton St

19 (a) (Date rec'd by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31- 1940 to 2-24-1941 and that I last saw h-s alive on 2-24- 1941.

Immediate cause of death Bronchopneumonia — Duration 48 Hours
Due to C-S. H1. Dis — Duration 2 Years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Wong Lotstein M. D.
Address Balto. City Hosp. Date signed 2-24-41

77981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93D ✓ F 77981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Rogers Forge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Hopkins Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose E. Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Peter A. Riley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt. 64	—	—	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Michael Gallagher
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nolan
15. Birthplace Ireland

16 (a) Informant Edward Riley
(b) Address 227 Hopkins Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)

(c) Cemetery or crematory Loudenslager
Location Old Frederick Rd.

18 (a) Funeral director John J. Faber & Son
(b) Address 1318 Light St.

19 (a) FILED MAR 27 1941 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1941, to Feb 25 1941, and that I last saw h.r. alive on Feb 25 1941.

Immediate cause of death: Cerebral hemorrhage — Duration: 11 Days

Due to Hypertension and arteriosclerosis — Duration: Several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald J. Roop M. D.
Address Mercy Hospital Date signed 2-26-41

VS 8

F 77982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 77982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 d
(e) Length of stay in Baltimore (yrs., mos., or days) 24 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 242 Pine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jesse Bryant

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
17			hr. min.

9. Birthplace ? N. Carolina (Town, county, and state)

10. Usual Occupation Shucking

11. Industry or business —

FATHER
12. Name Abram Bryant
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Rosie Edwards
15. Birthplace N. Carolina

16 (a) Informant Fred Powell
(b) Address 242 Pine St, Cambridge Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 27 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 27 1941 (Date received by registrar) Huntington Williams M.D. Registrar (b) 630

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-41 19 , at 9.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1-41 19 , to 2-22 19 41 , and that I last saw h/ M alive on 2-22-41 19 .

Immediate cause of death Midline Cerebellar Tumor — Duration months

Due to — Duration over

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations Midline Cerebellar Tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Williams M. D.
Address Univ. Hosp. Date signed 2-27-41

77983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 77983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Madison Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1323

3 (a) FULL NAME "Baby" Johnson

Birth F 24329

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Black

5. Color or race: Female

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1941

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: None

FATHER
12. Name: James Johnson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Lucy Wood
15. Birthplace: Maryland

16 (a) Informant: Lucy Johnson
(b) Address: 2302 Madison Ave.,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1941

18 (a) Funeral director: Commissioner of Health
(b) Address: Per M. A. Moore.

19 (a) Filed FEB 27 1941 Registrar (b) 6310

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1941, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1941, to Feb. 25 1941, and that I last saw her alive on Feb. 25, 1941.

Immediate cause of death: Intracranial hemorrhage ? — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. M. Hellman
J. M. Hellman, M.D.
Address Johns Hopkins Hospital
M. D.
Date signed 2/25/41

VS 3

77984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 ✓ F 77984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 dys.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Baker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-43

3 (a) FULL NAME "Baby" Butler — Butler F 23292

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife SINGLE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1941

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Robert Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Anne Dunn
15. Birthplace Virginia

16 (a) Informant Anne Butler
(b) Address 2407 Baker Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (c) FEB 27 1941 Registrar Huntington Williams M.D. Registrar 1309

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1941, at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1941 to Feb. 22, 1941, and that I last saw him alive on Feb. 22, 1941

Immediate cause of death Inanition

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Tollman, M. D. M. D.
Address Johns Hopkins Hospital Date signed 2/24/41

77985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 77985 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1155 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Barbee

Birth F 23634

3 (b) If veteran, name war: -

3 (c) Social Security Account No. -

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) February 14, 1941

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Earl Parker (?)
13. Birthplace Unknown

MOTHER
14. Maiden Name Louise Barbee
15. Birthplace Virginia

16 (a) Informant Louise Barbee
(b) Address 1155 N. Carrollton Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. L. Moore

19 (a) FEB 27 1941 (b) Registrar Huntington Williams M.D.

6306

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1941, at 1:10a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1941, to 2/18 1941, and that I last saw him alive on 2/18 1941

Immediate cause of death: Intracranial hemorrhage ? — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Hellman, M.D. M. D.
Address Johns Hopkins Hospital Date signed 2/19/41

F 77986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. F 77986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruby Johnson Birth F 19773

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-40

8. AGE: Years	Months	Days	If less than one day
	8		hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Alfred Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Catherine Green
15. Birthplace Md'

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Sipers

19 (a) FEB 27 1941 (b) Thomas Jon Williams, M.D.
(Date rec'd by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1941 at 8 3/4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941 to Feb 22 1941 and that I last saw her alive on Feb 22 1941.

Immediate cause of death ? Pneumonia — Duration 1 day
Due to
Due to
Other Conditions Birth injury Mental deficiency
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Indefinite in gross

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/25/41

7987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 77987 Registered No.

PRINT NAME CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct if incomplete. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse Eugene Bass

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-0334

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced.~~
Male	white	Married

6 (b) Name of ~~husband or~~ wife Amelia B. Bass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15-1881

8. AGE: Years	Months	Days	If less than one day
60	0	11	hr. min.

9. Birthplace Enfield N. C.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Va. Dare County Co.

FATHER
12. Name Jesse Bass
13. Birthplace N. C.

MOTHER
14. Maiden Name Elizabeth Burgess
15. Birthplace Enfield N. C.

16 (a) Informant Amelia B. Bass
(b) Address 1819 N. Broadway

17 (a) Burial (b) Date thereof 3-1-41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or crematory Woodland Hospital
Location Catonsville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Huntington Williams, Md.
(Date rec'd by registrar) Registrar

Exhibit

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941, to Feb 26 1941, and that I last saw h im alive on Feb 26 1941.

Immediate cause of death Carcinoma of the Lung & multiple metastases — Duration Upon Hyglan

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald J. Roop M. D.

Address Mercy Hospital Date signed 2-26-41

VS 3

77988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77988 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 N. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JEPTHA HARRIS DUNCAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel Evans
6 (c) If alive, give age 1877

7. Birth date of deceased (mo., day, yr.) February 19, ~~1864~~ 1872

8. AGE: Years	Months	Days	If less than one day
69	0	7 13	hr. , min.

9. Birthplace Columbus, Mississippi
(Town, county, and state)
10. Usual Occupation Capt. US Army, 1917
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucy Harris
15. Birthplace Mississippi

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 1 - 41 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat Va
Location Arlington Va

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Date rec'd by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26, 1941, at 6:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1941, to Feb. 26, 1941, and that I last saw him alive on Feb. 26, 1941.

Immediate cause of death	Duration
Coronary arteriosclerosis and multiple muocardial scars	2 months
Due to Coronary thrombosis	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions Organized pneumonia bilateral	2 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Andrews, M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 2/27/41

77989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 77989
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Georgetown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Georgetown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan MacKenzie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1938

8. AGE: Years	Months	Days	If less than one day
2	2	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William MacKenzie
13. Birthplace Baltimore

MOTHER
14. Maiden Name Marie Benesch
15. Birthplace Baltimore

16 (a) Informant William MacKenzie
(b) Address 2812 Georgetown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Frank Cookston
(b) Address 900 N. Charles St

19 (a) FEB 27 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 9:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1941 to Feb 26 1941, and that I last saw her alive on Feb 26 1941

	Duration
Immediate cause of death Lobar pneumonia	3 days
Due to Influenza ca.	16 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R O Gilmour
Address 2708 Hallows Ave Date signed Feb 27 1941

77990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 Portland St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kaminsky

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-07-5188

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Tillie

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 8/15/1878

8. AGE: Years 62 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Kanna Lithuania
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Clothing.

FATHER
12. Name William Kaminsky
13. Birthplace Kanna Lithuania

MOTHER
14. Maiden Name
15. Birthplace Lithuania

16 (a) Informant Tillie Kaminsky
(b) Address 634 Portland St.

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** 2 (month) 28 (day) 41 (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Co.

18 (a) Funeral director C. William Gudekunst
(b) Address 687 Washington Blvd.

19 (a) FEB 27 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 1941, at 9:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941, to 2-25 1941, and that I last saw him alive on 2-25 1941.

	Duration
Immediate cause of death Shock; uremia	24 hrs.
Due to Lobar pneumonia, right Type I	3 wks.
Due to Pneumococcus septicemia	2 wks.
Other Conditions Benign prostatic hypertrophy	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Xavier McLaughlin M. D.
Address University Hosp. Date signed 2-25-41

VS 3

F 77991

Leese

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-41

F 77991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 W. 40th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 W. 40th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda M. Leese

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-7217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Paul L. Leese
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Dec. 17 - 1917

8. AGE: Years	Months	Days	If less than one day
23	2/0	10	hr. min.

9. Birthplace Beaumont, Balto Co. Md
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Tailor

FATHER
12. Name William Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Face
15. Birthplace Md

16 (a) Informant Paul L. Leese
(b) Address 1310 W. 40th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-41 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Manchester Md

18 (a) Funeral director Jacob Wenks Sons
(b) Address Manchester Md

19 (a) FEB 28 1941 (Date received by registrar)
Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1941, at 5-50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-27-1941
(c) Where did injury occur? 1310 W. 40th St. Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation Gas range, all burners on

23. Signature Howard D. Marcelis M.D.
Medical Examiner.
Date signed 2-27-41

F 77992 of 63922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 77992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Montford Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gunther

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-5896

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1923

8. AGE: Years	Months	Days	If less than one day
17	11	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Shipping Dept.
11. Industry or business Stewart'S Warehouse

FATHER
12. Name Charles Gunther
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Winter
15. Birthplace Baltimore, Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cmetery
Location Baltimore, Maryland

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (Signature of registrar) Registrar

FEB 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941, to 2-27 1941, and that I last saw him alive on 2-26 1941

Immediate cause of death	Duration
Ruptured appendix	6 days
Due to generalized peritonitis	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2-24-41
Major findings of operations Ruptured appendix & generalized peritonitis
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Lahtet Jr. M. D.
Address Baltimore Md Hosp Date signed 2-27-41

F 77993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77993 Registered No.

F 77993 15863 cc

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Camel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1891

8. AGE: Years 50 ? Months Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Wm. Francis A. Hensley
(b) Address 578 W. Biddle St

FEB 28 1941 (Date rec'd by registrar) (b) Interred by Phillips, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24- 1941, at 2 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25-1939 to 2-24-1941 and that I last saw h[illegible] alive on 2-24-1941

Immediate cause of death: Bronchopneumonia
Duration: ?

Due to: Hypertensive CVD
Duration: ?

Due to:
Duration: over

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Wagenhorst M.D.
Address 1401 E. 33rd St. Date signed 2-27-41

F 77994

77994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 77994

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 N. Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 N. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Louis Say

3 (b) If veteran, name war: L

3 (c) Social Security Account No. 213-16-3577

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ida Say
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Caspel Say
13. Birthplace Russia

MOTHER
14. Maiden Name Rhene Mirela
15. Birthplace Russia

16 (a) Informant Laymen Daye
(b) Address 5806 Narcissus Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Mem
Location Rosedale

18 (a) Funeral director Jack Sinai Inc
(b) Address 1439 E. Balto St.

19 (a) Date received (b) Registrar

FEB 28 1941 Registrar, M.D.

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Feb 26 1941, and that I last saw him alive on 2/26 1941.

Immediate cause of death	Duration
and Cardiac dilation	
Due to Coronary Thrombosis	1 day
Due to Angina pectoris	6 mo
Other Conditions Chronic Mitral Valvular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. C. Feldman M. D.
Address 1440 E Balto St Date signed 2-7-41

F 77995 ✓ F 77995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane C Hogan

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1876

8. AGE: Years	Months	Days	If less than one day
64	7	23	hr. min.

9. Birthplace East Haven Conn (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick N Hogan
13. Birthplace Conn

MOTHER
14. Maiden Name Mary E Malone
15. Birthplace Ireland

16 (a) Informant E John F Hogan
(b) Address 7 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory Loyal Haven
Location East Haven Conn

18 (a) Funeral director Mullen Co
(b) Address 1219 E Fort Av

19 (a) Date received (month) (day) (year) (b) [illegible] Md.

FEB 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1941 to Feb 28 1941, and that I last saw her alive on Feb. 28 1941.

Immediate cause of death	Duration
Pulmonary oedema	
Due to Coronary Thrombosis	
Due to Thrombus	
Other Conditions ✓	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F Hogan M. D.
Address 7 E. Preston St. Date signed 2/28/41

F 77996 ✓ F 77996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Greenmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine L. Riley

3 (b) If veteran, name war
3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1878

8. AGE: Years 62 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace City Md.
(Town, county and state)

10. Usual Occupation
11. Industry or business Clerk - Retired

FATHER 12. Name John H. Riley
13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Nolen
15. Birthplace Md

16 (a) Informant Angelia Riley
(b) Address 3901 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1-41 (month) (day) (year)
(c) Cemetery or crematory Mem. Park.
Location Old Frederick Rd.

18 (a) Funeral director John A. Hagan
(b) Address 3000 E. Balto. St.

19 (a) FEB 28 1941 (Date received by Registrar) (b) Hunting Park Ave. Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26/1941, at 11a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1930, to Feb 26 1941
and that I last saw h— alive on Feb 26 1941

Immediate cause of death	Duration
Arteriosclerosis	1930 +
Acute Myocarditis	"
Due to Acute Bronchopneumonia	"
Due to	"
Other Conditions Acute Cardiac Dilatation	1941

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Bishop M. D.
Address 501 S. Kenwood Ave Date signed 2-26-

F 77997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 W. 41st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Joseph H. Young. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6. 1871

8. AGE: Years	Months	Days	If less than one day
69 ~~70~~	6	19	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Daniel Houdeshel
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Moss.
15. Birthplace Pa.

16 (a) Informant Charles E. Young.
(b) Address 1204 W 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine.
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eastern Ave.

FEB 28 1941 (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1941. at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19- 1941, to 2-25- 1941, and that I last saw her alive on 2-25- 1941.

Immediate cause of death: Degen Cardio-Vas Dis — Duration 4 yrs

Due to Arteriosclerosis

Due to

Other Conditions Pneumonia Post Colic pyaphosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Parks M. D.
Address St Agnes Date signed 2/25

F 77998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Brentwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Brentwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 yrs years

3 (a) FULL NAME James Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ellen C
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) About 1873

8. AGE: Years	Months	Days	If less than one day
About 67 years			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Track Foreman
11. Industry or business P R R.

FATHER
12. Name John Hughes
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine McTigue
15. Birthplace Ireland

16 (a) Informant Mrs. Ellen Hughes
(b) Address 1220 Brentwood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3-1-41. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mitchell & Humphreys
(b) Address 1501 N. Broadway

FEB 28 1941 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26th 41. 19 at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from February 24 1941, to Feb. 26 1941, and that I last saw h[illegible] alive on Feb. 25 1941.

Immediate cause of death. Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions Arteriosclerotic Cardio Vascular Disease — Duration 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip O. Flynn, M. D.
Address 423 E. North Ave. Date signed

F 77999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

F 77999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Curley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND KIGHT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Stella Grubwoski
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) April 23, 1890

8. AGE: Years	Months	Days	If less than one day
50	10	3	hr. min.

9. Birthplace: Westernport, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Joshua Kight
13. Birthplace: Westernport, Maryland

MOTHER
14. Maiden Name: Catherine McCullough
15. Birthplace: Barclay, Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) (b)
(Date received by Registrar) (Registrar)
MAR 88 833

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1941, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1941 to Feb. 26, 1941, and that I last saw him alive on Feb. 26, 1941.

Immediate cause of death	Duration
Cardiac failure	Terminal
Due to Post operative shock from reduction of umbilical hernia	1 day
Due to Cardiac residue with extreme obesity	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hernioplasty, umbilical strangulated repair with oxiasci resection of omentum; venoclysis
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. N Anderson, M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 2/27/41

F 78000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 139 A Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/6/05

8. AGE: Years	Months	Days	If less than one day
35	3	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation B & O. Overhaul Co.

11. Industry or business

FATHER
12. Name Michael Pucker
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Fitz
15. Birthplace Czechoslovakia

16 (a) Informant Michael Pucker
(b) Address Kenwood Ave & Gelds Run Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Charles E. Schemmerling
(b) Address 2601-03 E. Madison, cor Hunterford Ave

19 (a) Date received by Registrar (b) Registrar

FEB 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 7 02 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Shock, traumatic — Duration sudden
Due to Crushing of sternum
Due to
Other Conditions Fracture of left humerus & right patella
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 25, 1941
(c) Where did injury occur? Old Phila. Rd and Belair Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury collision of two cars Auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 2-26-41

File No 6728

F 78001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 78001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 Lytle St.
(c) Hospital or institution: Balto. Jewish Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Garland Park Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6710 Booth ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Ida Rita Kendiva

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Scardino

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Oct 7-1914

8. AGE: Years 26 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Stanislaus Barthowiak
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Andrysiak
15. Birthplace Poland

16 (a) Informant William Barkowiak
(b) Address 2622 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3-3-44 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 (a) FEB 28 1944 (Date) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1941 to 2/27 1941, and that I last saw h[illegible] alive on 2/27 1941.

Immediate cause of death	Duration
(a) Pernicious Anemia	(a)
Due to (b) Bilat. Pulmonary Embolism	(b)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bernstein, M. D.
Address 6866 Park Date signed 2/27/41

Howard J. Malden M D per H L Wollenweber M D

F 78002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-B

F 78002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLD SPRING LANE
(c) Hospital or institution:
HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State M.D. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 HOLBROOK STREET
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM HENRY BURKE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife EMMA BILLAT
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) MARCH 1, 1874
8. AGE: Years 66 | Months 11 | Days 24 | If less than one day — hr. — min.
9. Birthplace SHREWSBURY (YORK CO.) PENNSYLVANIA
(Town, county, and state)
10. Usual Occupation UNEMPLOYED
11. Industry or business —

FATHER
12. Name LUTHER BURKE
13. Birthplace SHREWSBURY, PENNSYLVANIA

MOTHER
14. Maiden Name SUZAN BLOUSE
15. Birthplace SHREWSBURY, PENNSYLVANIA

16 (a) Informant MISS GERTRUDE BLOUSE
(b) Address 1600 HOLBROOK STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/28/1941 (month) (day) (year)
(c) Cemetery or crematory ST. MARYS PROT. EPISCOPAL
Location ROLAND AVE., BALTIMORE, MD.
18 (a) Funeral director Walter Roche Buckley
(b) Address 1722 W. NORTH AVE.
19 FEB 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/1941, at 12:50 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to Feb 25 1941, and that I last saw him alive on Feb 24 1941.

Immediate cause of death (a) Carcinoma of Prostate — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. H. Cullenward M. D.
Address 2324 Reisterstown Rd Date signed 2/27/41

VS 3

F 78003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47-6

F 78003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 12 E. 25th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): ---
(e) Length of stay in Baltimore (yrs., mos., or days): 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: ------
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 12 E. 25th (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME: John S. Bishop

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): March 13, 1872

8. AGE: Years: 68 | Months: 11 | Days: 13 | If less than one day: -- hr. -- min.

9. Birthplace: Snow Hill, Maryland (Town, county, and state)

10. Usual Occupation: Medical Doctor

11. Industry or business: ------

FATHER
12. Name: George W. Bishop
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Ellen Rolley
15. Birthplace: Maryland

16 (a) Informant: Charles B. Bishop
(b) Address: 1803 Bolton Street

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Avenue

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) FEB 28 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26 1941, at 10:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1939, to Feb 26 1941, and that I last saw him alive on Feb 26, 1941.

Immediate cause of death: Carcinoma (bronchogenic) metastasis to liver and brain — Duration: Few days past 14 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Jos A Luetcher M. D.
Address: 12 E Eager St Date signed 2/28/41

F 78004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78004

46-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 E. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Katherine Walsh Crotty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1880

8. AGE: Years 60 | Months 2 | Days 9 | If less than one day -- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name David Crotty
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Walsh
15. Birthplace Ireland

16 (a) Informant Miss Margaret L. Crotty
(b) Address 326 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) Filed FEB 28 1941 (Date rec'd by registrar) (b) 8 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26th 1941, at 12 o'clock M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Feb 25th 1941, and that I last saw h[illegible] alive on Feb 25th 1941.

Immediate cause of death: Carcinoma of oesophagus (Cardiac end of stomach) — Duration

Due to: Us

Due to: U

Other Conditions: U

(Include pregnancy within 3 months of death)

Major findings: U
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Chatard M. D.
Address 804 N. Calvert St Date signed Feb 27/41

F 78005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 78005

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 0 Valley St. Little Sisters of the Poor (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Rottman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Peter Rottman

13. Birthplace

MOTHER

14. Maiden Name Catterine Kirsch

15. Birthplace

16 (a) Informant Grand Mother Imelda

(b) Address 1 Zp o Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 1 1941 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore

18 (a) Funeral director Rudia Wiedefeld

(b) Address 914 Pennsylvania Ave Baltimore Md

19 (a) FEB 28 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941, at 12:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941 to 2-27 1941 and that I last saw h[illegible] alive on 2-27 1941.

Immediate cause of death Uremia due to chronic nephrosclerosis

Due to Fracture, simple, of neck of right femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 2/17/41 at M

(c) Where did injury occur? Little Sisters of Poor (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Little Sisters of Poor (Specify type of place) While at work? bathroom

(e) Means of injury Fell on floor while going to

23. Signature James N Cairns M. D.

Address St. Agnes Hosp Date signed 2/21/41

Howard J. Mahler, M.D.

VS 3

F 78006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Cedarhurst Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Cedarhurst Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice L. Jump

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced (Seperated)

6 (b) Name of husband or wife Clarence W. Jump

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-1892

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name William H. Coleman
13. Birthplace Md.

MOTHER 14. Maiden Name Alice Macken
15. Birthplace Md.

16 (a) Informant Miss Mollie L. Coleman
(b) Address 3220 Cedarcroft Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

(a) Funeral director Leonard Ward
Address 530 Hanford Road

19 (a) FEB 28 1941 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25-41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 '37 19 to 2/25/41 19 , and that I last saw h[illegible] alive on 2/24/41

Immediate cause of death

Cerebrosa
Cause of Cerebrosa
Genus Cochusia

Due to Pneumonia

Due to Bed sore

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 1937

Major findings of operation Carcinoma Breast

of autopsy

Duration
1 yr
6 mos
3 wk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Henry C. Thomas M. D.

Address Appleton & North Ave. Date signed

78007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78007 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 Augusta st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 444 Augusta st (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years 55 Months Days If less than one day hr. min.

9. Birthplace Not Home (Town, county, and state)

10. Usual Occupation

11. Industry or business Minister

FATHER
12. Name Not Home
13. Birthplace " "

MOTHER
14. Maiden Name Not Home
15. Birthplace " "

16 (a) Informant Mrs Charles Williams
(b) Address 520 Augusta st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 th 47 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director Edwd O Wilson
(b) Address 1600 Brantley

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

FEB 28 49

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1947, at 11:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Wollenweber M.D. Medical Examiner.
Date signed 2-27-47

F 78008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Robert Anderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1867

8. AGE: Years 73 | Months 2 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Winchester / Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace unknown

MOTHER 14. Maiden Name Rebecca Salsgiver

15. Birthplace Va

16 (a) Informant Bertha Andrews

(b) Address 1902 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Q.A. County Md.

18 (a) Funeral director Mrs. R. E. Elliott & Daughter

(b) Address 1129 N. Caroline St.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Pallbearers Md

FEB 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940 to Feb 24 1941. and that I last saw h[illegible] alive on Feb 24 1941.

Immediate cause of death: Apopexy — Duration 2 Days

Due to Arterio-Sclerosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. Edward Fisher M. D.

Address 162 E Monument signed 2-24-41

F 78009

Raymond L. Briggeman 83-a

F 78009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) life 70+

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Raymond L. Briggman

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Briggman
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1883

8. AGE: Years	Months	Days	If less than one day
57	4	12	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business

FATHER
12. Name Louis Briggman
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Katherine Reese
15. Birthplace Baltimore, Md

16 (a) Informant Robt Briggeman
(b) Address 1830 W Lexington

17 (a) Burial (b) Date thereof 2/28/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Geo A Fuchs
(b) Address 1400 Lafayette

19 (a) FEB 28 1941 (b) Huntington
(Date received by registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1941, at 2:00 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Apoplexy

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Howard J. Maccubbin M.D.
Medical Examiner.
Date signed 2-27-41

F 78010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No. F 78010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chas. David Stutler (Sheppard). Born F 13 39

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1940

8. AGE: Years	Months	Days	If less than one day
	7	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Chas. L. Stutler
13. Birthplace Md

MOTHER
14. Maiden Name Annie Shepard
15. Birthplace Md.

16 (a) Informant Chas. L. Stutler
(b) Address 1320 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Pennsylvania Ave

FEB 28 1941
(Date rec'd by registrar) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941, to Feb. 27 1941, and that I last saw h~~im~~ alive on Feb. 26 1941.

Immediate cause of death: Unresolved pneumonia — Duration
Due to
Due to Malnutrition
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Haas M. D.
Address U Hospital Date signed 2-27-41

78011 Hayes-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-W

Registered No. F 78011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 5days.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-1672

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-1872

8. AGE: Years	Months	Days	If less than one day
68	8	4	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Charles Hayes
13. Birthplace N.C.

MOTHER
14. Maiden Name Ann Smith
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Presstman

19 (a) 2-2-1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941 to 2-26 1941, and that I last saw h[illegible] alive on 2-26 1941.

Immediate cause of death	Duration
Benign prostatic hypertrophy	2 mo.
Primary uremia	2
Due to	
Arteriosclerotic heart disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1-22-41
Major findings of operation Benign prostatic hypertrophy
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Tyler Lee Jr. M. D.
Address Baltimore City Hosp. Date signed 2-2-41

VS 3

F 78012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 78012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 28 years

15 63

3 (a) FULL NAME JOSEPH ROSEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Grocer

11. Industry or business

FATHER
12. Name Julius Rosen
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Rosen
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Ref.
Location Windsor Mill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 FEB 28 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/41 19 , at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 19 41 to 2/27 19 41, and that I last saw h[illegible] alive on 2/27 19 41.

Immediate cause of death pulmonary edema
from acute heart failure — Duration 3 days

Due to arteriosclerotic heart disease — 2 years

Due to

Other Conditions asthma, nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stern M. D.
Address Sinai Hospital Date signed 2/27/41

78013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

147-D

F 78013
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nick Kay

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Restaurant Business

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Albert W Dungan
(b) Address 440 E. North Ave

FEB 28 1941
(Date rec'd by registrar)

(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1941 at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14- 1941 to 2-26- 1941 and that I last saw him alive on 2-26- 1941.

Immediate cause of death Carcinoma of the Lungs — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Carcinoma of Lungs Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. T. Mund M. D.
Address St. Agnes Hospital Date signed 2/26/41

F 78014

Migan

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 154-D

F 78014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Liberty Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward P. Migan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1862

8. AGE: Years	Months	Days	If less than one day
79	1	2	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Migan

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Kelly

15. Birthplace Ireland

16 (a) Informant Leo Migan

(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Family

Location Hagerstown Md

18 (a) Funeral director Frank H. Purnell

(b) Address Pikesville Md.

FEB 28 1941 (Date received by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1941, to Feb 27 1941, and that I last saw him alive on Feb. 27, 1941.

Immediate cause of death Hypostatic pneumonia complicating operation

Due to Gangrene left great toe

Due to Operation for osteomyelitis of left great toe

Other Conditions Decreased excretory efficiency

(Include pregnancy within 3 months of death)

Major findings:
Of operations Osteomyelitis left great toe
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Pearce Macumber M. D.

Address University Hosp Date signed 2-27-41

VS 3

78015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-D

F 78015 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Shelton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20	6	—	hr. min.

9. Birthplace Fort Worth Co, Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business none

FATHER
12. Name Robert Shelton
13. Birthplace Nordway Co Va

MOTHER
14. Maiden Name Carrie Shelton
15. Birthplace Nordway Co-Va

16 (a) Informant Robert Shelton
(b) Address 939 W. Mulberry ST

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Oliver Holzapfel
(b) Address 1200 N Calhoun St

19 (a) Received by registrar FEB 28 1941 (b) Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at 4:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1941 to Feb. 25 1941, and that I last saw her alive on Feb. 25 1941

Immediate cause of death	Duration
Hemorrhage	24-48 hrs.
Coma	
Cerebral anaemia	
Due to	
aplastic anemia	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. M. Cunningham M. D.
Address University Hospital Date signed 2-25-41

78016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 78016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 W. Lee ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hubert Barnes Birth F 23935

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 41

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Herbert Barnes
13. Birthplace Richmond Va.

MOTHER 14. Maiden Name Mildred Davis
15. Birthplace Dallas

16 (a) Informant Herbert Barnes
(b) Address Richmond Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 28 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director Walter B. Davis
(b) Address 1300 W. Hamburg St.

19 FEB 28 1941 (Date received by local registrar) Huntington W. Williams, M. D. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1941, to Feb. 26 1941, and that I last saw him alive on Feb. 26 1941.

Immediate cause of death Prematurity — Duration

Due to Atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Scott, M. D.
Address University Hosp. Date signed 2-27-41

F 78017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 78017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Chestnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

97

3 (a) FULL NAME Robert Jones

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 265-14-4914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Clara L. Jones

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) January 10, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	18	hr. min.

9. Birthplace Early County Alabama
(Town, county, and state)

10. Usual Occupation Auto Repair Mechanic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. George Gavin
(b) Address 3738 Chestnut ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 3 / 41 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave.

18 (a) Funeral director Howard N. Bligh Jr
(b) Address 4914 Belair Road

FEB 28 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to Feb 28 1941, and that I last saw h. l. M. alive on Feb 28 1941.

Immediate cause of death: Rt. Cerebral Hemorrhage — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Wilgus

Address 617 W. 40th Date signed 2/28/41 M. D.

78018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Eutaw Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 671 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Fogler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	1	5		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Soloman Fogler
13. Birthplace Washington Co Md

MOTHER
14. Maiden Name Martha Butler
15. Birthplace Baltimore Md

16 (a) Informant E L Goddinott
(b) Address 2646 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Mamie C. Eyler
(b) Address 1600 W. North ave.

FEB 28 1941 (Date rec'd by registrar)

(c) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 11-40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia, r lung. — Duration

Due to

Due to

Other Conditions Chronic nephritis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1 - 41
(c) Where did injury occur? Fountain & Green St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by streetcar

23. Signature H. Maurice Wright M.D. Medical Examiner.

Date signed 2/26/41

F 78019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78019
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Pine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Pine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Cheatham CHEATHAM

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-4419

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Viola Cheatham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Abraham Cheatham
13. Birthplace Va.

MOTHER
14. Maiden Name Lavinia ?
15. Birthplace Va.

16 (a) Informant Viola Cheatham
(b) Address 411 N. Pine Street

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Athol St

19 (a) FEB 28 1941 Hunter-Williams M.D. Registrar
(Date received by registrar)

FEB 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1941, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 2-26-41

F 78020

OF 65940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-8569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1893

8. AGE: Years	Months	Days	If less than one day
47	11	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation laundry worker
11. Industry or business Fulton & Grant Laundry

FATHER
12. Name Charles
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Thomas (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1, 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 342 N. Schroeder St.

FEB 28 1941 (Date rec'd by registrar) Funeral for William Wilson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1941, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25- 1941 to 2-25- 1941, and that I last saw h[e] alive on 2-25- 1941.

Immediate cause of death Coronary occlusion — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 2-25-41 M. D.

F 78021 390214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52-B Registered No. F 78021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Spalding (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Jubb

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1868

8. AGE: Years	Months	Days	If less than one day
73	-	16	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name James Hoffman
13. Birthplace Pa

MOTHER
14. Maiden Name Mary McKinney
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof March 1 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location

18 (a) Funeral director Harry Hudzicke
(b) Address 4101 Edmondson ave

19 (a) Mar 28 1941 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 26 1941, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1940, to Feb 26 1941, and that I last saw her alive on Feb 26 1941.

Immediate cause of death	Duration
Carcinoma urinary bladder	1 year ?
Bilateral pyonephrosis	1-2 mos ?
Due to uremia	48 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 24, 1941
Major findings of operation: Carcinoma urinary bladder.
of autopsy: Ca, bladder, pyonephrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Bennett M. D.
Address Johns Hopkins Hosp. Date signed 2/27/41

78022 Schmiedeberg 61 F 78022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Lifft St.
(c) Hospital or institution: Sp. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Irvington (Baltimore) (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Wilhemine B. Schmiedeberg.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband ~~or wife~~: Wm. H. Schmiedeberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 10 1866

8. AGE: Years: 74 | Months: 11 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife.

11. Industry or business

FATHER
12. Name: Frederick Wilh. Wolet
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christina Rehmke.
15. Birthplace: Germany.

16 (a) Informant: Grandson Home Rec
(b) Address: 22 S Athel St

17 (a) (Burial, cremation, or removal) (b) Date thereof: March (month) 1 (day) 1941 (year)
(c) Cemetery or crematory: London Park.
Location

18 (a) Funeral director: Harry H. Heitzke
(b) Address: 4101 Edmondson Ave

19 (Date rec'd by registrar): FEB 28 1941 Irvington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941, to 2-27 1941, and that I last saw her alive on 2-27 1941.

Immediate cause of death: Arteriosclerotic Cardiovascular disease. — Duration:
Due to: Diabetes Mellitus —
Due to —
Other Conditions: Chronic Cholecystitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. Hurwitz
Address: Seattle Res. Sp. Hosp. Date signed: 2-27-41 M. D.

VS 3

78023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. E 78023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Virginia (b) County
(c) City or town Bayley Bridge (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Willis Deering

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna May Deering
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27-1871

8. AGE: Years	Months	Days	If less than one day
70		1	hr. min.

9. Birthplace: Cole Brow, Ohio (Town, county, and state)
10. Usual Occupation: Engineer
11. Industry or business: C & O R.R.

FATHER
12. Name: John Lee Deering
13. Birthplace: Deering, Ohio

MOTHER
14. Maiden Name: Clara Day
15. Birthplace: Ohio

16 (a) Informant: Mrs. Geneva O. Farrell
(b) Address: Bayley Bridge, W. Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Feb 28. 1941 (month) (day) (year)
(c) Cemetery or crematory: Mountgomery W Va
Location:

18 (a) Funeral director: Harry H Witzke
(b) Address: H101 Edmondson

19 (a) FEB 28 1941 (Date rec'd by registrar) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28-1941, at 10:05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of sigmoid — Duration: one
Due to: Recurrence
Due to:
Other Conditions: Metastases,
(Include pregnancy within 3 months of death)

Major findings: as above
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Mueller M.D. Medical Examiner.
Date signed 2-28-41

VS 6

F 78024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78024 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 N. 22nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. 22nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Oliver Whitaker

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-07-3661

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1906

8. AGE: Years 35 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Carroll County Md. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Jack Cooper
13. Birthplace W. C.

MOTHER
14. Maiden Name Margaret Whitaker
15. Birthplace Md

16 (a) Informant Margaret Whitaker Epps
(b) Address 114 N. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/41 (month) (day) (year)
(c) Cemetery or crematory
Location Johnsville Md.

18 (a) Funeral director Robert H. Young
(b) Address 804 W. Caroline St.

19 FEB 28 1941 (b) Signature of registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1941, to Feb 25, 1941, and that I last saw h[illegible] alive on Feb. 25, 1941.

Immediate cause of death	Duration
Acute Dilatation of Heart	
Due to Lobar Pneumonia	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E. 23rd St. Date signed 2-27-41

78025 55
39 26

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

27-c

F 78025
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Jones Butler F 13731

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-40

8. AGE: Years	Months	Days	If less than one day
0	7	26	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Willie Jones
13. Birthplace S.C.

MOTHER
14. Maiden Name Nancy Cammon
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert H. Young
(b) Address 804 N. Carrollton Ave.

FEB 28 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1941, at 2 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to Feb 27 1941, and that I last saw h alive on Feb 27 1941.

Immediate cause of death	Duration
? Dysentery	
Due to	
Due to	
Other Conditions Rickets	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Boadberg M. D.
Address Johns Hopkins Hosp Date signed 2-28-41

78026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 78026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Hamburg (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

21

3 (a) FULL NAME ANGELA INDILISANO

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Fem.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Carmelo Indilisano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1st 1882

8. AGE: Years 58 | Months 6 5 | Days 26 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Giuseppe Buccolo
13. Birthplace Italy

MOTHER
14. Maiden Name Domenica Di Vecchio
15. Birthplace Italy

16 (a) Informant Sam Indilisano (Son)
(b) Address 610 W. Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3rd 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location [illegible] Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 28 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1941, to Feb 27, 1941, and that I last saw h~~er~~ alive on Feb 27, 1941.

Immediate cause of death: Primary Carcinoma of Right Ovary — Duration: One year

Due to:

Due to:

Other Conditions Metastasis to Omentum & Rectum

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Indilisano

Address 211 S. Conkling St Date signed 3-28-41 M. D.

VS 8

F 78027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78027

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Eliza St. St.

(c) Hospital or institution: So. Baltimore Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Curtis Bay (If outside city or town limits, write RURAL and give town)

(d) Street No. 1323 Chesterfield St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lancht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ William Lancht.

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1894

8. AGE: Years 46 | Months 3 | Days 13+ | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Charles Kirby

13. Birthplace Balto.

MOTHER 14. Maiden Name Anna Thomas

15. Birthplace Balto.

16 (a) Informant Mr. W. C. Lancht

(b) Address 1323 Chesterfield St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-41 (month) (day) (year)

(c) Cemetery or crematory Oday Hill

Location Ritchie Highway

18 (a) Funeral director J. J. McCurley

(b) Address 1330 E. Fayette St. Baltimore, Md.

FEB 28 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941 at 3:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1941 to 2-27 1941, and that I last saw her alive on 2-27 1941

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension Arteriosclerosis Cardio Vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. E. Brooks M. D.

Address So. Balto. Gen. Hosp. Date signed 2-27-41

VS 3

F 78028 62125 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 78028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:
4940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Marshall Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Jefferies

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1869

8. AGE: Years 72 | Months 2 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Supported by Sons

11. Industry or business

FATHER 12. Name William

13. Birthplace Ohio

MOTHER 14. Maiden Name Louise

15. Birthplace Ohio

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Ritchie Highway

18 (a) Funeral director J. J. McNulty

(b) Address 130 S. Paca Street

FEB 28 1941 (Date received by Registrar) (b) Huntington Publishing Co. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 6 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1940 to 2-28 1941, and that I last saw her alive on 2-28 1941.

Immediate cause of death: Left Intertrochanteric fracture - Senile Cardiac failure due to Arteriosclerosis

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 12/25/40 at 2:30 P.M.

(c) Where did injury occur? 1400 Marshall St. Balto. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury Fell on floor

23. Signature Henry J. Rigdon M. D.

Address 1000 Cliff Road Date signed 2-28-41

78029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78029

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2038 Kennedy Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Kennedy Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. W. Roeder

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: M.

5. Color or race: W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary L. Roeder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1865

8. AGE: Years 75 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Kennedyville Kent Co. Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Wm. Franklin Roeder
13. Birthplace Allentown, Pa

MOTHER
14. Maiden Name Catherine Stouffer
15. Birthplace Unknown

16 (a) Informant Mrs. Mary Elizabeth Roeder
(b) Address 2038 Kennedy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Pimlico Eighty-Six Ave.

19 (a) FEB 28 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 7:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 28 1941, and that I last saw him alive on Feb 26 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to Arterio Sclerosis	1 yr
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. O. Gray
Address 6000 Kenwood Ave Date signed 2/28/41

VS 3

78030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78030 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as far as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1449 Patapsco Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 Patapsco Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN JOSEPH HENNESSY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary R. Hennessy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 8, 1858

8. AGE: Years 82 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace: County Cork, Ireland
(Town, county, and state)

10. Usual Occupation: Retired meat inspector

11. Industry or business

FATHER
12. Name: John Hennessy
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Shanahan
15. Birthplace: "

16 (a) Informant: Mr. Francis J. Hennessy
(b) Address: 1449 Patapsco Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Feb 26 1941.
and that I last saw him alive on Feb 26 1941.

	Duration
Immediate cause of death: Coronary Occlusion	2 days
Due to: Arteriosclerosis of Coronary Vessels	
Due to:	
Other Conditions: senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Isaac Muller M.D.
Address: 1111 St. Paul St. Date signed 2/28/41

48 2

Spec.—1-30—M. & T.—250 Blks

F 78031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 7803

CERTIFICATE OF DEATH.

107

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 N Bentalou ST. 45-4 WARD)

2-FULL NAME Alice Seringer

(a) RESIDENCE NO. 2009 N Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter W Seringer

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Lee

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mrs Estella Fischer
(Address) 2009 N Bentalou st

15 Filed FEB 28 1941, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1941

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1941, to Feb 26, 1941,

that I last saw her alive on Feb 25, 1941,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cranitis
Broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab

(Signed) S. H Barranco M. D.

, 19 (Address) 436 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gordon Park Cem

DATE OF BURIAL Mar 3 1941

20 UNDERTAKER William H Marack

ADDRESS 715 Leigh st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. E 78032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carrol
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Atlee W. Wampler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1871

8. AGE: Years 69 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace Westminster Maryland (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Department store

FATHER
12. Name James L. Wampler
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Homer
15. Birthplace Maryland

16 (a) Informant Mr. Wilis Wampler
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 3 41 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md.

18 (a) Funeral director Harry Baumgardner Sons
(b) Address Westminster

19 MAR 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1941, to Feb 28 1941, and that I last saw h/M. alive on Feb 28 1941.

Immediate cause of death: Myocardial insufficiency — Duration:

Due to Generalized carcinoma this

Due to Carcinoma of sigmoid colon.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 2/28/41

VS 3

78033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 78033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Baltimore City Jail (If rural give location)
no st. address
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1917

8. AGE	Years	Months	Days	If less than one day
	27			hr. min.

9. Birthplace Petersburg Va (Town, county, and state)
10. Usual Occupation Farm
11. Industry or business

FATHER
12. Name Arthur Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Willy Lee Square
15. Birthplace West Va.

16 (a) Informant Sarah Edmonds
(b) Address 904 Warner St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 1 1941 (month) (day) (year)
(c) Cemetery or crematory Nat Iron Cemtry
Location Baltimore Md

18 (a) Funeral director Walter B. Briggs
(b) Address 139 W. Hamburg St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1941, at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner
Date signed 8/21/41

78034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

F 78034

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 52 W. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phyllis Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16-1940

8. AGE: Years 1 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name John Johnson.
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rosa Edison
15. Birthplace N. Carolina.

16 (a) Informant Rosa Edison
(b) Address 52 West Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 (month) 1 (day) 1941 (year)
(c) Cemetery or crematory Mt. Lebanon Cemetery
Location Balto.

18 (a) Funeral director Walter B. Jones
(b) Address 122 W. Hamburg St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 1941, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1941, to 2-25 1941, and that I last saw her alive on 2-25 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 weeks
Due to	
Due to	
Other Conditions whooping cough	1 mo. or 1½

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Mossenden M. D.

Address Provident Hospital Date signed 2-25-41

VS 3

78035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Myrtle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT HUSTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business own business

FATHER 12. Name Unknown (no relatives)
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Viola Hall
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1466 Druid Hill ave.

19 MAR 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 10 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Williams M.D.
Asst Medical Examiner.

Date signed 2-28-41

78036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 78036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 E. Carlton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN STIFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1893

8. AGE: Years 47 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace South Hamilton, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mary Washington
(b) Address 103 N. Carlton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto. Md

18 (a) Funeral director A. Jones
(b) Address 111 N. Gilmor St.

MAR 1 - 1941

(Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Renal disease	Months
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 2-25-41

VS 6

78037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 78037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3975 Main Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore ~~(yrs., mos., or days)~~ 2

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Verplanck. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

15 10

3 (a) FULL NAME Alexander Blanck

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1941 at 10:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Helen Frankis Blanck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1878

8. AGE: Years	Months	Days	If less than one day
63	0	28	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Retired Letter Carrier

11. Industry or business U. S. Govt

FATHER
12. Name Oscar Blanck
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace "

16 (a) Informant Helen T. Blanck
(b) Address 16 E. 79th St. New York City

17 (a) Cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof 3/1/41 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 1 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelleher M.D. Medical Examiner.
Date signed 2/28/41

VS 6

F 78038

HINKSON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 78038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Bennett St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Bennett St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosalee Hinkson Burial F 10035

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 21, 1940

8. AGE: Years | Months 9 | Days 5 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James Hinkson
13. Birthplace Jamaica B-W-I

MOTHER
14. Maiden Name Gertrude Edmonds
15. Birthplace Baltimore Md

16 (a) Informant Gertrude Hinkson
(b) Address 1017 Bennett St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Deaver
(b) Address 1142 West Fayette St

19 (a) MAR 1 - 1941 (Date received by registrar) Huntington Williams Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941 at 9:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1941 to Feb 26 1941, and that I last saw h... alive on Feb 26 1941.

Immediate cause of death Cerebral hemorrhage — Duration 2 hours

Due to — Duration over

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. WATTS

Address 515 Lexington Date signed 2/27/41

VS 3

78039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 95-B ✓

F 78039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) never

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Weaker

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-2175

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mrs. Dorothy Weaker
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) April 21, 1902

8. AGE: Years	Months	Days	If less than one day
38	10	7/10	— hr. ____ min.

9. Birthplace Fargo, North Dakota (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Victor Weaker
13. Birthplace North Dakota

MOTHER
14. Maiden Name Bertha Haven
15. Birthplace North Dakota

16 (a) Informant Mrs. Dorothy Weaker
(b) Address Laurel, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 4 (day) 41 (year)
(c) Cemetery or crematory Lutheran Cem.
Location Laurel, Md.

18 (a) Funeral director Ridgely Kelly
(b) Address Laurel, Md

19 MAR 1 1941 (b) Thomas F. Williams, M.D. Registrar
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1941, to March 1 1941, and that I last saw him alive on March 1 1941.

Immediate cause of death	Duration
Cardiac failure	2 weeks
? overdigitalization	
Due to ?? Rheumatic Heart Dis.	10 years
?? Subacute Bacterial	
Due to Endocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul J. Kaumeyer M. D.
Address Church Home & Infirmary Date signed 3/1/41

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered or a satisfactory explanation given why it cannot be answered. Please give full name of deceased, and see that information is correct and complete. Ages must be stated in every case where it is known, even if deceased was an infant or lived but a few hours. Even the approximate age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78040 ✓ F 78040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Sargeant St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Sargeant St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Annie C. Luthardt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Benj C. Luthardt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3, 1861

8. AGE: Years	Months	Days	If less than one day
79	11	25	..... hr. ..... min.

9. Birthplace ..... (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Philip Goetter
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Annie Brayo
15. Birthplace Balto, Md.

16 (a) Informant Mrs Frederick Luthardt
(b) Address 1116 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Ave.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hollins St.

19 (a) MAR 1 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Feb 28, 1941, and that I last saw her alive on Feb 27 1941.

Immediate cause of death	Duration
Uraemia	1 day
Due to Arteriosclerotic C.V.D	years
Due to	own
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustav Highstein M. D.
Address 888 W Lanvale St Date signed 2-28-41

VS 2

58894 --FD
F 78041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-F

✓ F 78041
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo.3das.
(e) Length of stay in Baltimore (yrs., mos., or days) Unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Paca St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1882

8. AGE: Years 59 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unk.

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 1 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1941, at 4 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23 1940 to 2-26 1941, and that I last saw h[illegible] alive on 2-26 1941.

	Duration
Immediate cause of death: Tuberculous bacterial pulmonary pneumonia	3 days
Due to: Syphilitic heart di	?
Due to:	
Other Conditions: Hemiplegia	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard K Rathbun, M.D.
Address Balto. City Hosp. Date signed 2-28-41

78042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-D

Registered No. F 78042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5214 Norwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5214 Norwood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN LEONARD BEYER

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fredericka Beyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1852

8. AGE: Years	Months	Days	If less than one day
88	5	15	hr. min.

9. Birthplace Neustadt, Bavaria
(Town, county, and state)
10. Usual Occupation Retired Baker
11. Industry or business Self

FATHER
12. Name Frederick Beyer
13. Birthplace Bavaria

MOTHER
14. Maiden Name Elizabeth Dietteine
15. Birthplace Bavaria

16 (a) Informant Mr. Herbert G. Beyer
(b) Address 5214 Norwood Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/1/41 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Violetville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 1 - 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1941, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941, to Feb 25 1941; and that I last saw h[illegible] alive on Feb 23 1941.

Immediate cause of death	Duration
(a) Uraemia Myocarditis	one day
Due to (b) Arteriosclerosis	44 days
Due to (c) [illegible]	
Other Conditions Age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in pub place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter P. Koontz
Address 4012 Edmondson Ave. Date signed 3/28/41
M. D.

F 78043 OF 63925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. 78043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Pennsylvania Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George, McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Louisa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1867

8. AGE: Years 73 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Pensioner
11. Industry or business Paving Commissioner

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. McGowan & Son
(b) Address 2424 Pa Ave

19 (a) MAR 1 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 6.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941, to 2-28 1941, and that I last saw him alive on 2-28 1941.

Immediate cause of death	Duration
Bronchopneumonia terminal	4 days.
Due to Glomerulo-nephritis ?	?
Due to Uremia	4 days
Other Conditions Intertrochanteric fracture left femur	4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-24-41 (month) (day) (year)
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury fell down on floor

23. Signature Sidney R. Gilbert Jr.
Address Baltimore City Hosp Date signed 2-28-41 M.D.

Howard J. Mickelson M.D.

F 78044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A Registered No. F 78044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd.
(c) Hospital or institution:
Mrs. Snyder's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5wks
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 East 33th St.
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RHODA ELIZABETH GREEN

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Wesley Green
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 13. 1853

8. AGE: Years 84 | Months 3 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Chase, Balto. County Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Josiah League
13. Birthplace Baltimore County Md.

MOTHER
14. Maiden Name Priscilla Asher
15. Birthplace Maryland

16 (a) Informant Mr. Jerry O. Green (Son)
(b) Address 1123 E. 33th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1. 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.
HENRY SANDER & SONS, INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway.

19 (a) ... (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2 MAR 1-

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27. 1941 19 3.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 7 19 40 to Feb 27 19 41.
and that I last saw her alive on Feb 27 19 41.

Immediate cause of death Cerebral Hemorrhage and Uraemia — Duration 7 days

Due to

Due to

Other Conditions Generalized arteriosclerosis, Arterial Hypertension, Aortic Insufficiency — 2 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M. D.
Address 2025 E. North Ave. Date signed 3/5/41

F 78045

F 78045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 E. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mr. Henry H. Heckman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	Male	White	Widowed

6 (b) Name of husband or wife Virginia Jerscheid
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1853

8. AGE: Years	Months	Days	If less than one day
84	2	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Cigar Manufacturer
11. Industry or business Retired 15 years

FATHER
12. Name George Heckman
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Germany

16 (a) Informant Mrs. John W. Brockman (Daught
(b) Address 1519 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1. 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore
HENRY SANDER & SONS, INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 1 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1941, at 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1941, to 2/26 1941, and that I last saw h[illegible] alive on 2/26 1941.

Immediate cause of death	Duration
Hypostatic Pneumonia	24 hrs.
Due to Cardiac Failure	3 days
Due to Hypertensive C-V. Disease	
Other Conditions Ca Rectum & Sigmoid	?

(Interval between death and onset)

Major findings of operation Ca Sigmoid
Post-Operative Peritonitis
Of autopsy Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Krieg M.D.
Address Bon Secours Hosp. Date signed 2/26

F 78046

F 78046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 557 Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-11

8. AGE: Years 29 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Restaurant

11. Industry or business

FATHER
12. Name John Marshall
13. Birthplace N.C.

MOTHER
14. Maiden Name Caroline Wilges
15. Birthplace NC

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (month) (day) (year)
(c) Cemetery or crematory St. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Arnold Hill Ave.

19 (a) MAR 1 1941 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941 at 6:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941 to Feb 24 1941 and that I last saw him alive on Feb 24 1941.

Immediate cause of death B. welchii (gas bacillus) infection of rt. leg and lower abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Bilat. Inguinal Hernias

of autopsy: B. welchii infection

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pecaut M. D.
Address Johns Hopkins Date signed

Huntington Williams M.D.

F 78047 ✓ F 78047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Mc Culloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

14

3 (a) FULL NAME Martha Nickens

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Solomon Nickens
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-20-1870

8. AGE: Years	Months	Days	If less than one day
70	4	4	— hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Own home

FATHER
12. Name Robert Pointer
13. Birthplace Virginia

MOTHER
14. Maiden Name Polly Nickens
15. Birthplace Virginia

16 (a) Informant Johnnie Norrell
(b) Address 1920 Dumon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co Md

18 (a) Funeral director Mrs. Geo H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 1 1941 (Date received by registrar) (b) ——— Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-1941, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30-1940, to 2-27-1941, and that I last saw her alive on 2-27-1941.

Immediate cause of death Myocarditis — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 N. Stricker St Date signed 2-27-41

Huntington Williams, M.D.

F 78048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78048 Registered No. 131-N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 568 Gold St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 568 Gold St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Page

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Julia A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-26-1871

8. AGE: Years	Months	Days	If less than one day
69	4	1	hr. min.

9. Birthplace King & Queen Co, Va (Town, county, and state)
10. Usual Occupation Retired Baggage man
11. Industry or business R.R.

FATHER
12. Name Wesaware Page
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Julia A. Page
(b) Address 2363 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Signature of city registrar) (b) Huntington Williams, M.D. Registrar

MAR 1 - 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1941, at 1.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941. to Feb 27 1941. and that I last saw h m alive on Feb 26 1941.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	
Due to Age -	
Due to Arteriosclerosis.	
Alcohol	
Other Conditions Constant use of	
Antiseptic mouth wash	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Wright

Address 709 Forrest Ave Date signed 3/4-41. M. D.

F 78049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 78049

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 N. Linwood
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Bebhardt. Birth - F 2-201

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/41

8. AGE: Years	Months	Days	If less than one day
			1 hr. 20 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Raymond Bebhardt.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ann Cutchemi
15. Birthplace Baltimore

16 (a) Informant Raymond Bebhardt (Father)
(b) Address 830 N. Linwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belays Rd. Baltimore Md

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Horley St.

19 (a) MAR 1 1941 (b) Thurlington Williams M.D.
(Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 1941, at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1941, to 3/1 1941, and that I last saw her alive on 3/1 1941.

Immediate cause of death Cardio-respiratory Fatigue — Duration

Due to prematurity.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Dooley M. D.
Address St. Joseph's Hospital Date signed 3/1/41

F 78050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Windsor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John K. Calloway

3 (b) If veteran, name war: no
3 (c) Social Security Account No. [illegible]-12-930[illegible]

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ella Wyatt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1864

8. AGE: Years 76 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace Caroline Co., Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Commission Merchant

FATHER
12. Name James Calloway
13. Birthplace Caroline Co, Md

MOTHER
14. Maiden Name Mont Knotts
15. Birthplace Md.

16 (a) Informant Mrs. Caroline Scott
(b) Address 3308 Windsor ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 3 / 41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto, Co.

18 (a) Funeral director Marquett & Hynes
(b) Address 1422 Pine St

MAR 1 – 1941 (Date rec'd by Registrar)
(b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28/41 19 , at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Feb 28 1941. and that I last saw him alive on Feb 28 1941.

	Duration
Immediate cause of death: Acute dilatation of Heart	1 day
Due to: Hypertension Arterio-sclerosis	?
Due to:	?
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. A. Tibbett M. D.
Address 222 Garrison Blvd Date signed Mar 1/41

VS 3

78051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634 Registered No. E 78051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs +

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 S. Chase st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ~~Harvey S. Jones~~ HARVEY GEIST JONES

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-16-6813

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife ANNA KNELL JONES
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) APRIL 24, 1895

8. AGE: Years	Months	Days	If less than one day
45	10	4	hr. min.

9. Birthplace S Stevens Balto. Co. Md (Town, county, and state)
10. Usual Occupation Steel worker
11. Industry or business Bore Steel Rustless Co

FATHER
12. Name ALBERT M. JONES
13. Birthplace BALTO. Co., MD.

MOTHER
14. Maiden Name MYRA GEIST
15. Birthplace BALTO. Co., MD.

16 (a) Informant Police & above hospital
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 3, 1941 (month) (day) (year)
(c) Cemetery or crematory GRACE METHODIST
Location CHESTNUT RIDGE, BALTO. Co., MD.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 MAR 1 - 1941 (Date rec'd by registrar) Thurlow Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1941, at 7:30 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by autopsy & inquest (Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-28-41
(c) Where did injury occur? 1014 S. Chase St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas, gas range

23. Signature Howard J. Tinkham M.D. Medical Examiner.
Date signed 2-28-41

VS 6

78052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78052 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel Carroll
(c) City or town St. Margarets (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/1939

8. AGE: Years	Months	Days	If less than one day
1	8	1	hr. min.

9. Birthplace St. Margretts (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name William Johnson
13. Birthplace Baltimore

MOTHER 14. Maiden Name Sarah Matthews
15. Birthplace Baltimore

16 (a) Informant Sarah Matthews
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 21 (day) 41 (year)
(c) Cemetery or crematory Broadneck
Location A. A.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) (Date rec'd by registrar) (b) Herrington Williams, M.D. Registrar

VS 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1941, to Feb. 27 1941, and that I last saw him alive on Feb. 27 1941.

Immediate cause of death	Duration
Pneumonia	one
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Savage M.D.
Address University Hosp Date signed 2-28-41 M. D.

78053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170 C

F 78053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Honeycutt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	2-13-14-1839	—	years

7. Birth date of deceased (mo., day, yr.) Feb 26, 1917

8. AGE: Years	Months	Days	If less than one day
24	-	2	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sidney Honeycutt
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah
15. Birthplace N. C.

16 (a) Informant Mrs. Claude Yelton
(b) Address Manchester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Relief N. C.
Location North Carolina

18 (a) Funeral director Jacob Winks Sons.
(b) Address Manchester Md.

19 (a) MAR 1 - 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26-1941, at 11:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death
Fracture skull and laceration of brain.
Due to
Other Conditions Fractures, and bruises.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-26-1941
(c) Where did injury occur? Traffic Intersection on Rt 40 (City) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No while engaged in
(e) Means of injury Automobile driven by

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-1-41

78054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

E 78054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument Street
(c) Hospital or institution:
Sinai Hospital of Balto., Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Harwick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Adelson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 11, 1875

8. AGE: Years 65 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Indianapolis Indiana (Town, county, and state)

10. Usual Occupation Retired Grocer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/41 (month) (day) (year)
(c) Cemetery or crematory
Location Martinsburg, W. Va.

18 (a) Funeral director J. Vernon Kackley
(b) Address 2301 Edmondson Ave.

19 (a) MAR 1 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1941, to 3/1 1941 and that I last saw h[illegible] alive on 3/1 1941.

Immediate cause of death: Cardiac decompensation and failure — Duration: [illegible]
Due to: Generalized debility — Duration: [illegible]
Due to: carcinomatosis — Duration: [illegible]
Other Conditions — Duration: [illegible]
(Include pregnancy within 3 months of death) — Duration: over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Borden M. D.
Address Sinai Hosp Date signed 3/1/41

78055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-a F 78055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employees of institutions and undertakers are required to obtain all information and to certify to it correctly, but the medical certification must be made by the physician. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Greene

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 24d.

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County: Balto

(c) City or town: (If outside city or town limits, write RURAL and give town)

(d) Street No.: 217 N. Pine St (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME: Evelyn Brown

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 212-10-7192

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	divorced

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 29 1909

8. AGE: Years	Months	Days	If less than one day
31	5	29	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Hairwork

11. Industry or business:

FATHER

12. Name: George Pinkney

13. Birthplace: Md

MOTHER

14. Maiden Name: Elizabeth Liffom

15. Birthplace: Md

16 (a) Informant: John W Pinkney

(b) Address: 615 Archer Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvary

Location: A A Co Md

18 (a) Funeral director: Donald Brown Jan

(b) Address: 10 S W Monroe & Pratt Sts

MAR 1 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 1941 19 , at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 28 1941, and that I last saw h e x alive on Feb 28 1941.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Pulmonary edema	1 hr.
Due to:	
Other Conditions: Evisceration, cardio vascular - renal disease	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Bilat. Ovarian Cysts Cholelithiasis

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: O'Neal, Jr. M. D.

Address: Univ. Hosp. Date signed 2-28-41

F 78056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78056 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Galesville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie V. Catterton

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Catterton
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1880

8. AGE: Years	Months	Days	If less than one day
61	0	0	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William D. Armiger
13. Birthplace Md.

MOTHER 14. Maiden Name W. Ann Webster
15. Birthplace Md.

16 (a) Informant George Catterton
(b) Address Galesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3. 1941 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location Friendship Md.

18 (a) Funeral director Robert J. Wood
(b) Address Friendship Md.

19 (a) MAR 1 – 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28-41 19 . at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940, to 2-28 1941, and that I last saw her alive on 2-28 1941.

Immediate cause of death	Duration
(a) Possible obstructive jaundice	4-6 mos.
Due to primary carcinoma liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Primary Ca liver
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Mascheimer M. D.
Address Univ. Hospital Date signed 3-1-41

VS 3

F 78057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78057 Registered No. F 78057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE D WEBB

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Eleanor Webb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1889

8. AGE: Years	Months	Days	If less than one day
51	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Jesse Webb
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Ricks
15. Birthplace Baltimore

16 (a) Informant Catherine Webb (mother)
(b) Address 414 Coldspring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore

18 (a) Funeral director Albert W Gregory
(b) Address 440 E. North Ave

19 (a) (Date received by registrar) (b) Hunting for Williams Hill Registrar

MAR 2 1941 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1941 at 9 20/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 2-28-41

F 78058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78058 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 437 E. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 437 E. 23rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha E. Lathem

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Thornton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1901

8. AGE: Years	Months	Days	If less than one day
39	11	23	hr. min.

9. Birthplace Creeve Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thyrus Cottrell
13. Birthplace Va.

MOTHER
14. Maiden Name Patience Jennings
15. Birthplace Va.

16 (a) Informant Leroy Moore
(b) Address 4378 E 23rd St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 2 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Creeve Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Carline St.

19 (a) MAR 2 1941 (Date received by registrar) (b) Huntington Williamsport Md. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1941, at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1940 to Feb. 28, 1941, and that I last saw h alive on Feb. 28 1941.

Immediate cause of death Myocardial Failure — Duration Suddenly
Due to Arteriosclerosis — 2 Months
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mavrie Adams M. D.
Address 312 E 23rd St. Date signed 2-28-41

F 78059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78059 Registered No. 131-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 Forney alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 Forney Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7923

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1891

8. AGE: Years 49 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Delivery man

11. Industry or business

FATHER 12. Name Charles Stanley
13. Birthplace Md.

MOTHER 14. Maiden Name Jamie ?
15. Birthplace Md.

16 (a) Informant Dolly James
(b) Address 608 Hoosier st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 915 Druid Hill ave.

19 (a) [illegible] Hunting & Williams
(Date rec'd by Registrar) Registrar

MAR 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27-41 19 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941 to Feb 24, 1941, and that I last saw him alive on Feb 24, 1941.

Immediate cause of death: Pulmonary Edema — Duration several days

Due to Cardio-vascular Renal disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram Goldman, M. D.

Address 2313 W. North Ave. Date signed March 1, 1941

393705
F 78060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 78060
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 J. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Fogg

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-8783

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-00

8. AGE: Years	Months	Days	If less than one day
41	1	8	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bath Steel Sparrows Pt

FATHER
12. Name George Fogg
13. Birthplace N.C.

MOTHER
14. Maiden Name Anne Brown
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-3-41 (month) (day) (year)
(c) Cemetery or crematory Vaughan
Location North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

MAR 2 1941 (Date rec'd by registrar) (b) Hester Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941 at 1.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941 to Feb 28 1941. and that I last saw h alive on Feb 28 1941.

Immediate cause of death: Generalized Miliary Tuberculosis — Duration: 17 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed M. D. 3-1-41

F 78061

Nancy T Opie

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 78061

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1037 N. Carey St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1037 N Carey St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Todd Opie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col.	Widow

6 (b) Name of husband or wife William Opie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70	(	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business -

FATHER

12. Name Andrew Todd

13. Birthplace Md.

MOTHER

14. Maiden Name Clara Parsons

15. Birthplace Md

16 (a) Informant Albert Todd

(b) Address 1037 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co Md

18 (a) Funeral director James A Hayes

(b) Address 142 Wolfe St.

19 (a) Filed MAR 2 1941 (Date) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941, to Feb 27 1941, and that I last saw her alive on 2/26 1941.

Immediate cause of death	Duration
Uraemia	2 days
Due to Interstitial Nephritis	?
Due to	
Other Conditions Arterial Hypertension (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. H. Carroll

Address 665 W. Bare Date signed 3/1/41

F 78062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 78062

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3513 Liberty Heights
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon C. Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Ellen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 14, 1871

8. AGE: Years	Months	Days	If less than one day
69	3	14	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Henry Wolfe
13. Birthplace Ga

MOTHER
14. Maiden Name Unkown
15. Birthplace Ga

16 (a) Informant Mary Ellen Wolfe
(b) Address 3513 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Filed [illegible] 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 1. 1941 at 4.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2, 1930. to Feb 28 1941. and that I last saw h alive on Feb 28 1941.

Immediate cause of death Arterio Sclerosis, Hypostic Interstial Nephritis Cerebral Hemorrhage -

Duration
10 yrs
5 days

Due to

Due to

Other Conditions Mitral Insuf. Heart trouble

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Bromer, M.D.
Address 2125 Maryland Ave Date signed 3/1/1941

F 78063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78063 / 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 W Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 W Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BETTY M. HAWKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4 1875

8. AGE: Years	Months	Days	If less than one day
65	7	27	hr. min.

9. Birthplace Richmond Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Alberta Monroe
(b) Address 1319 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 8 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)

Date signed 2-28-41

F 78064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-w

F 78064
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME S. Henry Epps

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-09-3637

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Willianna Epps
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) May 26, 1887

8. AGE: Years	Months	Days	If less than one day
53	9	1	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name S. Epps
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Fitzgerald
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Eliz. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 2 1941 (Date rec'd by registrar) (b) by Willianna Epps, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1941 to 2-27 1941, and that I last saw him alive on 2-27 1941.

Immediate cause of death	Duration
Apoplexy (cerebal hemmorage)	5 das.
Due to	prior
Generalized arterio-sclerosis	2-11-41
Due to	prior
Cardiac Hypertrophy	2-11-41
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmuck, M. D.
Address Baltimore City Hosp. Date signed 2-27-41

F 78065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 78065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 E. Federal St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. Boykin

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-1873

8. AGE: Years	Months	Days	If less than one day
67	8	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hezekiah Brown
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary M. Fowler
15. Birthplace Balto. Md.

16 (a) Informant William Boykin husband
(b) Address 17 N. Carey St.

17 (a) Burial (b) Date thereof 3-2-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. P. Holland
(b) Address 1631 Druid Hill Ave

MAR 2- 1941 (b) Thomas F. Williams M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27 1941, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1941, to 2/27 1941, and that I last saw her alive on 2/26 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 9 days

Due to Arteriosclerosis — unknown

Due to — — — —

Other Conditions ——————

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ————
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo W. Montgomery M.D.

Address 401 E. 25th. St. Date signed 3/1/41

F 78066

F 78066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 1.31-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Hughes Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 W. Hughes (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1879

8. AGE: Years	Months	Days	If less than one day
61 62	7	27	hr. min.

9. Birthplace Durham N C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Jones
13. Birthplace N C

MOTHER
14. Maiden Name Fannie Mann
15. Birthplace N C

16 (a) Informant Wilbur Jones
(b) Address Glenburnie A A Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-41 (month) (day) (year)
(c) Cemetery or crematory Antietam Mem Park
Location Antietam Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 (a) MAR 2-1941 (Date received by Registrar) (b) Hunting to Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25- 1941, to 2-28 1941, and that I last saw him alive on Feb-27 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Nephritis	one
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carter M. D.
Address 1016 N. Shup. St. Date signed 3-1-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 78067

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 William Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Williams Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma D. Brown

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jasper H. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1868

8. AGE: Years	Months	Days	If less than one day
72	2	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name Lewis Ludwig
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Gordon Brown (Son)
(b) Address 1119 William Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** March 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. West Street

19 (a) MAR 2 – 1941 (Registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 11.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1940, to Feb. 28 1941, and that I last saw her alive on Feb. 28 1941.

Immediate cause of death Cerebral Hemorrhage — **Duration** 3 days
Due to Generalized Arteriosclerosis
Due to
Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A Knapp M. D.
Address 3030 Edmondson Ave **Date signed** Mar. 1

VS 3

F 78068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B

Registered No. F 78068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4413 Powell Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Birth F 10 09
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4413 Powell Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? LIFE years

3 (a) FULL NAME LEONARD O BARKER. -or- BARBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1940

8. AGE: Years	Months	Days	If less than one day
	9	9	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James S. Barker
13. Birthplace Roxborough N. C.

MOTHER
14. Maiden Name Evelyn Dietsch
15. Birthplace Balto. Md.

16 (a) Informant James S. Barker
(b) Address 4413 Powell Ave.

17 (a) Burial (b) Date thereof 8-3-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Park
Location Bayard Rd

18 (a) Funeral director Jack Leng Inc.
(b) Address 1439 E. Balto St.

MAR 2- 1941 (Date rec'd by registrar) Clinton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ◆ find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Coronary occlusion (Thrombosis) Edema, pulmonary

Due to cause undetermined

Due to Pericardial

Other Conditions Hemorrhages pericardial, lungs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
acute

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.

Date signed 3-2-41

F 78069 ✓ F 78069

F 78069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 Shirley ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Shirley ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 51 years

3 (a) FULL NAME Louis Schaff

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Katie Schaff
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/41 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cemetery
Location Balto + Candler sts

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto st

19 (a) 3-2-1941 (Date rec'd by registrar) Thomas J. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to March 1 1941, and that I last saw him alive on March 1 1941.

Immediate cause of death	Duration
Heart failure	
Due to Coronary Occlusion	
Due to Coronary Heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Schaff M. D.
Address 1439 E. Baltimore St Date signed 3/2/41

F 78070 X F 78070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5928 Cobbs Creek Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine P. Crutcher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife Foster C. Crutcher
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 1, 1904

8. AGE: Years	Months	Days	If less than one day
36	9	-	hr. min.

9. Birthplace Lewes, Del
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Arthur W. Connell
13. Birthplace Lewes, Del

MOTHER
14. Maiden Name Sarah Jane Poynter
15. Birthplace Lewes, Del

16 (a) Informant Arthur W. Connell
(b) Address Philadelphia, Penn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Lewes Cemetery
Location Lewes, Del

18 (a) Funeral director A. Lee Osler
(b) Address 4644 York Road.

19 Mar 3 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 41 at 9.55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shot wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/1/41
(c) Where did injury occur? 5951-53 Vine St. Phila. Penna
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? no
(Specify type of place)
(e) Means of injury Head Pistol Shot Gun

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/1/41

VS 6

F 78071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 78071 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Clarkson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Clarkson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George L. Wagner

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife (Deceased) Libbie Wagner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17, 1875

8. AGE: Years	Months	Days	If less than one day
65	11	11	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired range repairer for the
11. Industry or business Consolidated Gas & Electric Co.

FATHER
12. Name Solomon Wagner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ella ?
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Florence E. Glover (niece)
(b) Address 1522 Clarkson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) March 4, 1941

(c) Cemetery or crematory Cedar Hill Cemetery
Location Anne Arundel Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 140 W. Lanvale St. Baltimore, Md.

19 (a) MAR 3 1941 (Date rec'd by Registrar) (b) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1940 to Feb. 28 1941, and that I last saw h[illegible] alive on Feb. 28 1941.

Immediate cause of death Exhaustion — Duration 2 days
Due to Angina Pectoris (Indefinite)
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature L. L. Campbell M. D.
Address 1644 Hanover St. Date signed 3.1.41

F 78072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78072
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life 37 yrs 2 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5422 Curtis Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Uppenman

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8194

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1875

8. AGE: Years	Months	Days	If less than one day
65	8	16	hr. min.

9. Birthplace ~~Maryland~~ Wash. D.C.
(Town, county, and state)
10. Usual Occupation Day Laborer
11. Industry or business Lumber Repair Bay

FATHER
12. Name Charles Uppenman
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Mary
15. Birthplace Washington D.C.

16 (a) Informant Mildred V. Dumpe
(b) Address 4122 Curtis Avenue

17 (a) Burial (b) Date thereof March 4 1941
(Burial, Cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore City

18 (a) Funeral director Edward E. Mroz
(b) Address 400-402 S. Charles St.

19 (a) (b) Herbert L. Williams M.D.
(Date rec'd by registrar) Registrar

MAR 2 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1941, to 2-28 1941, and that I last saw h[illegible] alive on 2-28 1941.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Goldberg M. D.
Address Franklin Square Hosp. Date signed 2-28-41

F 78073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 E Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 E Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Charles H Gadd

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	none	Male	White	Married

6 (b) Name of husband or wife Susie
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug 28 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	—		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Boiler Maker (manufacturing)
11. Industry or business

FATHER
12. Name Samuel H Gadd
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Bell
15. Birthplace Md

16 (a) Informant Susie Gadd
(b) Address 205 E Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3806 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) ... (b) Thurlow for Williams H.B. (Local registrar) Registrar

MAR 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 3:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1937 to 2/28 1941 and that I last saw him alive on 2/27 1941.

Immediate cause of death Hypertensive cardio vascular disease

Duration 4 years

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weigel
Address 1726 Hanover St Date signed 3/8/41

F 78074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 78074

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1632-N. Broadway

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1632-N. Broadway
(If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Mary Catherine Kelly

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H. Kelly

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1/1/1860

8. AGE: Years	Months	Days	If less than one day
81	1	27 28	-hr.- -min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER

12. Name ? Dorsey

13. Birthplace Maryland.

MOTHER

14. Maiden Name ?

15. Birthplace Scotland.

16 (a) Informant Mrs. Marie Cullen

(b) Address 1632-N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1941 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave.

19 (a) [signature] Registrar

(Date rec'd by registrar) MAR 4 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941 at 10.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941 to Feb 28 1941. and that I last saw h.e. alive on Feb 28 1941.

Immediate cause of death Cerebral Arteriosclerosis — Duration 3 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Milton K. Klein

Address 1601 N. Broadway Date signed 3/4/41

F 78075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

F 78075
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Gwynns Ave (If rural give location) 5904 Granhill Ave.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH BLUNT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Amelia Blunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30-1880

8. AGE: Years 60 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Car inspector

11. Industry or business B & O R. R.

FATHER
12. Name Ringo Blunt
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Amelia Blunt
(b) Address 5904 Granhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Morieland
Location

18 (a) Funeral director Leonard J. Finch
(b) Address 3315 Harford Rd

19 (a) (b) Registrar

MAR 2 - 1941 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1st 1941, at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing of head — Duration —

Due to

Due to

Other Conditions Fracture multiple of extremities
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 1st 1941 2:45 P.M.
(c) Where did injury occur? Gwynns Falls Yard. B & O Railroad (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? railroad (Specify typical place) While at work? Yes
(e) Means of injury struck by train

23. Signature H. L. Wallenwebber M.D.
Medical Examiner.

Date signed 3-1-41

F 78076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78076 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 Penrose ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 H Penrose ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Matilda Mc Kenzie

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 16. 1855

8. AGE: Years 96 | Months — | Days 13 | If less than one day, hr. min. 1855

9. Birthplace Somerset County, Pa (Town, county and state)

10. Usual Occupation Housework.
11. Industry or business —

FATHER
12. Name Joseph Mc Kenzie
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Klingman
15. Birthplace Pennsylvania

16 (a) Informant Catherine Mc Kenzie
(b) Address 1904 Penrose ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director Thos. F. Kenny
(b) Address 1600 Hollins St

MAR 2 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1941, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Feb 28 1941, and that I last saw her alive on Feb 28 1941.

Immediate cause of death: Acute Myocardial Failure — Duration
Due to: Generalized arteriosclerosis, Cardiovascular disease
Due to:
Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Callahan M. D.
Address 24 N. Fulton Ave Date signed 3/29/41

VS 3

Spec.—1-20—M. & T.—250 Blks

F 78077 ✓ F 78077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 South Road ST. 27-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Douglas C. Turnbull

(a) RESIDENCE No. 2106 South Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Turnbull

6 DATE OF BIRTH (month, day, and year) 7. 23 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Investigator Race Commission

(b) General nature of industry, business, or establishment in which employed (or employer) Clerkship

(c) Name of employer Md. Racing Commission

9 BIRTHPLACE (city or town) (State or country) Maryland Ave Baltimore Md

PARENTS

10 NAME OF FATHER Henry C. Turnbull Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ellen Rutherford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Jane Douglas Turnbull (Address) 2106 South Rd.

15 Filed MAR 2 1941 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1941

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1940, to March 1, 1941, that I last saw him alive on March 1, 1941, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's. Mitral regurgitation with Hypertrophy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. H. Beetem, M. D.

March 1, 1941 (Address) 1st. Washington Ln.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All Hallows Cem. Davidsonville DATE OF BURIAL March 4 1941

20 UNDERTAKER A. S. Marshall 3539 Falls Rd ADDRESS

F 78078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 8-a V

F 78078 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Arnold (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ogle Porter

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-5649

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Mable Porter
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug. 1887

8. AGE: Years	Months	Days	If less than one day
53	7	6	hr. min.

9. Birthplace St Malgretta A. A. Co (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Horace Porter
13. Birthplace A. A.

MOTHER
14. Maiden Name Kate Thomas
15. Birthplace Skidmore A. A.

16 (a) Informant Mable Porter
(b) Address St Malgretta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1941 (month) (day) (year)
(c) Cemetery or crematory Broadneck
Location A. A.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) Date received MAR 7 1941 Registrar Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 5-40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture 6th Thoracic Vertebra - Compression of	Cord
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence? 1/21/41
(c) Where did injury occur? Camp Meade (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell down steps
23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/21/41

F 78079

F 78079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-w

F 78079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2434 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2434 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME CHARLES HOLLINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine S. Hollins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1867

8. AGE: Years	Months	Days	If less than one day
73	11	21/24	hr. min.

9. Birthplace Anne Arundel Co. Md.
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Retired 6 yrs.

FATHER
12. Name Dr. John S. Hollins
13. Birthplace England

MOTHER
14. Maiden Name Fowler
15. Birthplace Maryland

16 (a) Informant Mrs. Charles Hollins
(b) Address 2434 Edmondson Ave

17 (a) Burial (b) Date thereof 3 - 3 - 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Wm J. Tuckwell Sons
(b) Address North + Pa Aves.

MAR 2 - 1941
(Date rec'd by registrar)

Municipal Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Williams M.D.
(Medical Examiner)

Date signed 3-1-41

F 78080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B F 78080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 Homestead Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Homestead Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY TERESA HAGGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George W. Hagger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1856

8. AGE: Years	Months	Days	If less than one day
84	8	23	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Carpenter
13. Birthplace England

MOTHER
14. Maiden Name ? Redford
15. Birthplace England

16 (a) Informant Mr. Eugene R. Hagger
(b) Address 722 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) MAR 2 1941 (Date filed by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 19 41, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13th. 19 41. to Feb. 28th. 19 41. and that I last saw her alive on Feb. 26th. 19 41.

Immediate cause of death Intestinal Obstruction — Duration 4 days

Due to unknown

Due to ---

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo W. Montgomery M.D.
Address 401 E. 25th. St., Md. Date signed 3/1/41.

F 78081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78081 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 E. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 E. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUISA H. LIESS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Otto Liess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1867

8. AGE: Years	Months	Days	If less than one day
74	1	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Julius Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Gustav E. Wiedeman
(b) Address 4011 Ridgecroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) MAR 2 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1941, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941, to Feb 27 1941, and that I last saw h. alive on Feb 27 1941.

Immediate cause of death — Duration

Cerebral Hemorrhage — 1 Week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Todt. M. D.
Address 4616 Eastern Ave Date signed 3/2/41

Huntington Williams, M.D. Registrar

F 78082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 131-B

F 78082

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)

(d) Street No. 104 Carville Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES LOUIS ROSSMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Married

6 (b) Name of husband or wife Florence Roth

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 1, 1892

8. AGE: Years	Months	Days	If less than one day
48	10	27	..... hr. ..... min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Plow and Knox Company

FATHER
12. Name Charles Rossman,
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Margaret Womboldt
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 3/3/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore National
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAR 2- 1941 (b) .....
(Date rec'd by registrar) Registrar

Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1941, at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1941, to Feb. 28, 1941, and that I last saw him alive on Feb. 28, 1941.

Immediate cause of death	Duration
Uremia	2 weeks
Due to Chronic nephritis	20 years
Due to	
Other Conditions Atrophy of optic nerves	

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature T. B. H. Anderson, M.D.

Address U. S. Marine Hospital Date signed 2/28/41
Baltimore, Md.

F 78083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 78083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3531 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3531 Liberty Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Estelle Scheiblein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clarence L. Scheiblein
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 15, 1881

8. AGE: Years	Months	Days	If less than one day
59	8	17	hr. min.

9. Birthplace Sams Creek Carroll Co. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Franklin
13. Birthplace Carroll, Co., Md.

MOTHER
14. Maiden Name Mary Musbaum
15. Birthplace Carroll Co. Md.

16 (a) Informant Mr. Clarence L. Scheinlein
(b) Address 3531 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) MAR 2 - 1941 (b) [illegible] Registrar M. D.
(Must be filed by registrant)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1941, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941 to Mar 2 1941.
and that I last saw her alive on Feb 1 1941 P.M.

Immediate cause of death Apoplexy — Duration 4 days
Due to Hem. of brain
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4601 W. Rogers Ave. Date signed 3/3/41 M. D.

F 78084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Sterrett Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Sterrett Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE R. BRASS

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William H. Brass, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1870

8. AGE: Years 70 | Months 3 | Days 8 9 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Vanskiver
13. Birthplace Unknown

MOTHER
14. Maiden Name Nancy Morgan
15. Birthplace Unknown

16 (a) Informant Mr. Charles E. Brass
(b) Address 1151 Scott Street

17 (a) Burial **(b) Date thereof** 3/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) **(b)** Registrar

MAR 3 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941, 12:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28-1941 11:45 PM to 3-1 1941 12:12 AM and that I last saw h[illegible] alive on 3-1-1941.

Immediate cause of death
Acute Pulmonary Edema
Due to Acute Heart Failure
Due to Chronic Myocardial Disease
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J Glass M. D.
Address 876 Washington ave **Date signed** 3-1-41

F 78085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78085 Registered No. 93-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hammond Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhemina C Boswell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Geo. A Boswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1874

8. AGE: Years 66 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Ellen A Yeatts
15. Birthplace Va

16 (a) Informant Mary Irene Yates
(b) Address Elmwood Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Grace Episcopal
Location Elkridge Md

18 (a) Funeral director Sheldon & Son
(b) Address 1217 E Fayette

MAR 3 1941 (Date rec'd by Registrar) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19/1941 to 3/1/1941 and that I last saw h[illegible] alive on 3/1/41 1941.

Immediate cause of death: Chronic Myocardial Disease
Antecedent
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 5 Yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J W Wheaton M. D.
Address 4309 Gorsuch Date signed 3/2/41

F 78086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 78086 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Light St
(c) Hospital or institution: Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Johnson St (If rural give location) Route 3
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William J. Short

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 12th 1941

8. AGE: Years	Months	Days	If less than one day
—	—	19	hr. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Fred. F. Short
13. Birthplace Laurel, Del.

MOTHER
14. Maiden Name Agnes E. Henderson
15. Birthplace Md.

16 (a) Informant William J. Short
(b) Address Johnson St East Brooklyn

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) 3 — 1941 (Date received by local registrar) (b) Frederick Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1941 to 3-1 1941, and that I last saw h— alive on 3-1 1941.

Immediate cause of death Bronchopneumonia
Right base

Duration

Due to —

Due to —

Other Conditions Pneumonia in
Contact 5 Newborn
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Bernstein M.D.
Address 4 B Co Md. Date signed 3-7-41

F 78087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137

F 78087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1546 Carswell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-7

3 (a) FULL NAME Michael Mc Garvey

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Ellen Mc Garvey
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 15th 1858

8. AGE: Years 82 | Months 10 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Shipping Clerk

FATHER
12. Name James Mc Garvey
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Mc Closkey
15. Birthplace Ireland

16 (a) Informant Ellen Mc Garvey
(b) Address 1546 Carswell St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ... (Date rec'd by Registrar) (b) Attorney for Williamsville, Ky.

MAR 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940 to Feb 28 1941, and that I last saw h~~im~~ alive on Feb 28 1941

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to

Due to

Other Conditions: Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hypostatic Pneumonia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Baier M. D.
Address St Joseph Hosp Date signed 3-1-41

Barnabei

F 78088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 78088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Barnabei

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband ~~or wife~~ Joseph Barnabei
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1889

8. AGE: Years	Months	Days	If less than one day
51	2	16	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Frederick Wankmiller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna E. Daubert
15. Birthplace Balto. Md.

16 (a) Informant Joseph Barnabei
(b) Address 913 N. Belnord Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 4th 1941 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) (b) Registrar

MAR 3 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to March 1 1941, and that I last saw h~~er~~ alive on Mar. 1 1941.

Immediate cause of death	Duration
Cerebral Vascular accident	4 hours
Due to Hypertensive Cardio vascular disease	-
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Haven M. D.
Address University Hospital Date signed 3/1/41

F 78089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78089

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4700 York Rd - Apt B

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4700 York Rd Apt B

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Albertine C. Brewer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Harry C. Brewer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28th 1866

8. AGE: Years	Months	Days	If less than one day
74	7	3	hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business None

FATHER

12. Name Robert B. Taylor

13. Birthplace Unknown

MOTHER

14. Maiden Name Katherine Jamison

15. Birthplace "

16 (a) Informant Helen S. Brewer

(b) Address 4700 York Rd

17 (a) Burial (b) Date thereof 3/4/41

(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge

Location Pikesville Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (b)

(Date certified) (Registrar)

MAR 3 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1st 1941 at 8:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to 3/1 1941 and that I last saw h alive on 19

Immediate cause of death Diabetes Mellitus

Duration

Asthenia

Chronic Infections

Due to arthritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Wyloe Talley M. D.

Address 5103 Harford Rd Date signed 3/3/41

F 78090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78090

CERTIFICATE OF DEATH 89-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Eye East Throat Hospital St., (Ward) 127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Mc Farland

(a) Residence: No. 429 W. 25th St., Ward 5-S-215-12-5473
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 18, 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	9	3/1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 4 Months

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Spillman McFarland

14. BIRTHPLACE (city or town) (State or country) Madison Co.

MOTHER

15. MAIDEN NAME Fannie Ash

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. James Ash
(Address) 429 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date 3/4 19 41

19. UNDERTAKER Howard N. Blight Jr.
(Address) 4914 Belair Rd

20. FILED MAR 3 - 1941 Howard J. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1941 to Mar. 1, 1941

I last saw him alive on Mar. 1, 1941 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Brain Abscess	?
Chr. Otitis Media (Rt.)	8 yrs.

Other contributory causes of importance:

Name of operation Removal of Aural Polyp Date of 2/24

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Lap M. D.
(Address) 1214 Eutaw Place

F 78091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 78091
93-D Registered No.

F 78091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 St Paul Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 56 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County Montgomery
(c) City or town Haverford
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Tenmore Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Evans Forsythe

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen MacDonald —
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feby 1 1850

8. AGE: Years	Months	Days	If less than one day
91	1	1	..... hr. ..... min.

9. Birthplace Lancaster County, Penn.
(Town, county, and state)
10. Usual Occupation Retired Teacher
11. Industry or business

FATHER
12. Name James Forsythe
13. Birthplace Lancaster Co., Penn.

MOTHER
14. Maiden Name Anne Evans
15. Birthplace Lancaster Co., Penn.

16 (a) Informant John Evans Forsythe, Jr.
(b) Address Haverford, Penn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 1941 (month) (day) (year)
(c) Cemetery or crematory Media Pa
Location

18 (a) Funeral director Henry W. Jenkins & Son Inc
(b) Address Orchard & McCollough Pa

19 (a) MAR 3 1941 (Date received by Registrar) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 8 1941, to March 2 1941, and that I last saw him alive on March 2 1941.

Immediate cause of death Pulmonary Edema — Duration .....
Due to Myocardial Failure, Arteriosclerotic Heart Disease — Duration .....
Due to ..... — Duration .....
Other Conditions Generalized Arteriosclerosis, debility. — Duration .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ..... — Duration .....
Of autopsy ..... — Duration .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Raymond Strong M. D.
Address Haverford Apartments Date signed 3/2/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 18 2d

Registered No. F 28092

PLEASE TYPEWRITE OR PRINT WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Ensor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CASIMIR MIODUSZSKI Birth F 20347

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13. 1940

8. AGE: Years	Months	Days	If less than one day
	2	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Casimer Miodunzenski
13. Birthplace Baltimore

MOTHER
14. Maiden name Eleonora Stachowska
15. Birthplace Baltimore

16 (a) Informant Casimir Miodunzenski
(b) Address 2216 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March. 3 -41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) (Date received by registrar) (b) Hunting Park & Kirk Aves.

MAR 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1st 1941, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Suffocation from bed clothes	
Due to	
Other Conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3 - 1 - 41 1-4
(c) Where did injury occur? 2216 Ensor St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury smothered from bedclothes

23. Signature H. L. Wallenmeier M.D.
and Medical Examiner.
Date signed 3-1-41

78093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78093

Registered No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3709 E. Lombard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3709 E. Lombard St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Charles J. Dochtermann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rosiena Schenk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1857

8. AGE: Years	Months	Days	If less than one day
83	10	26 24	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Butcher Retired

11. Industry or business

FATHER

12. Name Ernest Dochtermann

13. Birthplace Germany

MOTHER

14. Maiden Name Barbara Steiner

15. Birthplace Germany

16 (a) Informant Wm. F. Dochtermann

(b) Address 608 N. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 3, 1941 (month) (day) (year)

(c) Cemetery or crematory 1st Evan. Cemetery

Location ODonnell St.

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway.

19 (a) MAR 3 — 1941 (Date received by registrar) Thurlow [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 41, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 41, to Feb 28 41, and that I last saw h- alive on Feb 27 1941.

Immediate cause of death Senile Arteriosclerosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Knox Insley M. D.

Address 2368 Balt Date signed 3-7-41

F 78094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Harrison st (If rural give location)
(e) If foreign born, how long in U. S. A.? 51 years

3 (a) FULL NAME MONISCH ~~Monnich~~ Kolker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Kate Kolker
6 (c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): 1872
8. AGE: Years 69 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Merchant
11. Industry or business: General

FATHER
12. Name: V Kolker
13. Birthplace: Russia

MOTHER
14. Maiden Name: V Kolker
15. Birthplace: Russia

16 (a) Informant: Benjamin Kolker
(b) Address: 84 Lake Drive
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Int Carroll
Location: German Hebb Rd
18 (a) Funeral director: Jack Lewis Inc
(b) Address: 1439 E. Balto St

MAR 3 1941 (Date rec'd by registrar) Hunting for Hilda Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1941, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1941 to 3-3 1941, and that I last saw h m alive on 3-3 1941

Immediate cause of death	Duration
Coronary occlusion	6 days
Due to arteriosclerosis (-Vdis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Abner Weiller M. D.
Address: Sinai Hospital Date signed 3-3-41

F 78095

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 E. 41st St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 E. 41st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John H. Craig

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-16-2760
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) May 7 - 1872
8. AGE: Years 68 Months 9 Days 21 If less than one day ____ hr. ____ min.
9. Birthplace Balto - Md. (Town, county, and state)
10. Usual Occupation Butcher,
11. Industry or business

FATHER
12. Name John H. Craig
13. Birthplace Dont know

MOTHER
14. Maiden Name Margaret Black
15. Birthplace Scotland

16 (a) Informant Mary E. Craig
(b) Address 531 E 41st St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery Woodland Park
Location Gaylord Ave
18 (a) Funeral director J. G. Moran
(b) Address 3000 E. Baltimore St.

MAR 3 1941 (Date Rec'd Local Registrar) Dorothy Williams (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/ 1941 at 11:15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22, 1941, to Feb. 28, 1941, and that I last saw him alive on Feb 28, 1941.

	Duration
Immediate cause of death: Broncho-pneumonia	8 days.
Due to: Chronic Myocarditis	1 yr.
Due to:	
Other Conditions: arteriosclerosis	—

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Taylor M.D.
Address 3902 Greenmount Ave Date signed Mar 1, 41 M. D.

F 78096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (~~yrs.~~, mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County ~~Balt.~~
(c) City or town ~~Balt.~~ Fallston, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Whitemarsh Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Louise Kroetel

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
F	W.	~~W~~

6 (b) Name of husband or wife Edward Kroetel
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1865

8. AGE: Years	Months	Days	If less than one day
75 76	5		hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name — Hauschnecht
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C. Ehrides
15. Birthplace Germany

16 (a) Informant John Rohr
(b) Address Reisterstown P.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 6 41 (month) (day) (year)
(c) Cemetery or crematory St Josephs
Location Baltimore Co. Md

18 (a) Funeral director Tagdale Funeral Home
(b) Address 7401 Belair Rd.

(a) Date received (Date received by State Registrar) MAR 3 1941 (b) Registered by Huntington for Hyattsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1941, to 3/2 1941, and that I last saw her alive on 3/2 1941.

Immediate cause of death arterial sclerotic heart disease + cerebro vascular accident

Duration
over

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature William Lennington M. D.
Address 1 Medical Arts Bldg. Date signed 3/2/41

F 78097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78097 — 83-a — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 N. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jennings
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Jennings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1887
8. AGE: Years 54 | Months 1 | Days 6 | If less than one day hr. min.
9. Birthplace Louisa Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Campbell Jennings
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Jennings
(b) Address 1228 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3/41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md.

18 (a) Funeral director Mrs. R.O. Elliott Daughter
(b) Address 1129 N. Caroline St

19 (a) [illegible] (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 5:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1941, to Feb. 27 1941 and that I last saw him alive on Feb. 26 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days
Due to: Arteriosclerosis — ?
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. K. Adams M. D.
Address 1222 N. Caroline Date signed 3-1-41.

78098 HEALTH DEPARTMENT—CITY OF BALTIMORE 78098

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Lemmon St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lydia Hutson Willis

If U. S. Veteran specify WAR

(a) Residence: No. 619 Lemmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Walter Willis

6. DATE OF BIRTH (month, day, year): 1853 est

7. AGE: Years 87; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Hutson

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Jane Hall

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Geo. Hutson

(Address) 619 Lemmon

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 3/3 19 41

19. UNDERTAKER: Mrs Kate C. R. Williams

(Address) 322 N. Schroeder St.

20. FILED MAR 3- 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/28/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/15/41, 19, to 2/28/41, 19

I last saw her alive on 2/27/41, 19. Death is said to have occurred on the date stated above at p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Senility

Other contributory causes of importance:

Bedridden for 10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 78099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-e

Registered No. F 78099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY H. WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry Williams.
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Sales ?
15. Birthplace Baltimore Md.

16 (a) Informant William Williams - Brother
(b) Address 890 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1941, at 10 40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, hypostatic — Duration

Due to Fracture of right tibia and fibula

Due to

Other Conditions chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-23-41 11 a.m.
(c) Where did injury occur? Madison Ave. (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 2-27-41

VS 6

F 78100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

IX 149-B Registered No. F 78100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilbers & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days) about 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus Relay, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Francis Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Mrs. Margaretta Luger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Robert

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Feb. 14-1911

8. AGE: Years	Months	Days	If less than one day
30		13	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Georg Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Robert Luger
(b) Address 2 E. Francis Ave. Relay Md.

17 (a) Cremation (b) Date thereof Mar 3/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director John F. Miller
(b) Address 2384 Jefferson St.

19 (a) (b)
Date rec'd by registrar MAR 3 1941 Registrar Hattie for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1941, at 9:56 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1941, to 2-27-1941, and that I last saw her alive on 2-27 1941.

	Duration
Immediate cause of death Hemorrhage	
Due to secondary atony.	
Due to Caesarian section	
Other Conditions	over

(Include pregnancy within 3 months of death)

Date of operation 2/27/41

Major findings of operations: Uterus placenta

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Clinton M. D.

Address Date signed

F 78101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170-C Registered No. F 78101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 17 X
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Carroll
(a) State Md (b) County County
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Keller Road - Gray Rock (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernon E. Shipley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1911

8. AGE: Years	Months	Days	If less than one day
29	8	23	hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Vern E Shipley
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Hatfield
15. Birthplace Maryland

16 (a) Informant Mrs. Florence Shipley
(b) Address Sykesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Brandenburg Meth.
Location Bennett, Carroll Co. Md

18 (a) Funeral director C. M. Wantz
(b) Address Winfield Md

19 (a) MAR 3 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

57

20. DATE OF DEATH March 2 1941, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intracranial Injury — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/2/41 2P-20
(c) Where did injury occur? Westminster Md Carroll Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Rd While at work? No (Specify type of place)
(e) Means of injury Head on collision Operator Auto car

23. Signature M. B. Mundell Reid M.D. Medical Examiner
Date signed 3/2/41

F 78102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 170-c

F 78102
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Same
(a) State Md (b) County Baltimore
(c) City or town Lynnwich (If outside city or town limits, write RURAL and give town)
(d) Street No. V Keller Rd - Gray Rock (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Norman F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1912

8. AGE: Years	Months	Days	If less than one day
28	4	19	hr. min.

9. Birthplace Chestertown, Kent. Maryland (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Stonewall C. Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C. Elliott
15. Birthplace Maryland

16 (a) Informant Mr. Stonewall C. Coleman
(b) Address Chestertown. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Franklin Burg Meth
Location Arnett, Carroll Co. Md.

18 (a) Funeral director C. M. Wade
(b) Address Union Memorial Hospital, Md.

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1941, at 1 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Intracranial Injury — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/2/41 2-7-20
(c) Where did injury occur Westminster Rd Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Explain (Specify type of place) While at work? No
(e) Means of injury Auto compression - head on collision

23. Signature H. M. Wade Medical Examiner M.D.
Date signed 3/2/41

F 78103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

X F 78103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Longueville
(a) State Md (b) County Balt
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Keller Rd - Gray Rock (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton E Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1933

8. AGE: Years	Months	Days	If less than one day
8	1	11	hr. min.

9. Birthplace Baltimore Balto. Maryland (Town, county, and state)

10. Usual Occupation In School

11. Industry or business

FATHER
12. Name Vernon E. Shipley
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Coleman
15. Birthplace Maryland

16 (a) Informant Mrs. Florence Shipley
(b) Address Sykesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Brandenburg Meth.
Location Bennett, Carroll Co Md

18 (a) Funeral director C. M. Waltz
(b) Address Winfield Md

19 (a) MAR 4 - 1941 (Date rec'd by registrar) Thomas Worthington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 3:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intra nasal injury — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/2/41 2:30
(c) Where did injury occur? Reisterstown Md Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Hwy (Specify type of place) While at work? No
(e) Means of injury auto-car passenger hit on collision

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3/4/41

F 78104 - BALTIMORE CITY HEALTH DEPARTMENT / 93-D F 78104

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5521 Gwynn Oak Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5521 Gwynn Oak Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mirnie M. Hardy

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George W. Hardy
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 20, 1873

8. AGE: Years	Months	Days	If less than one day
67	9	7	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James Geoghegan
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia E. Willey
15. Birthplace Maryland

16 (a) Informant Raymond G. Hardy
(b) Address 4210 Fordham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1941 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Woodlawn
Location Gwynn Oak Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1941, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1935 to Feb 27 1941 and that I last saw h[illegible] alive on Feb 27 1941.

Immediate cause of death: Cerebral Apoplexy — Duration: 3 days
Due to: Arteriosclerosis — Duration: uncertain
Due to: ____
Other Conditions: Paget's Disease of Bone — Duration: uncertain
Other Conditions: Myocardial Degen. — Duration: 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation
Of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua H. Armacost M. D.
Address 6419 Windsor Mill Rd. Date signed Feb 25 1941

F 78105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 154 B Registered No.

F 78105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) mos 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Nichols

3 (b) If veteran, name war —

3 (c) Social Security Account No. 231-10-1191

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lorinia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1887

8. AGE: Years 53 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Supt. Real Estate

11. Industry or business

FATHER 12. Name George P. Nichols

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Elizabeth E. Kung

15. Birthplace Balto. Md

16 (a) Informant Lorinia J. Nichols

(b) Address Claremont Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 4/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave

18 (a) Funeral director John Oursler Sons

(b) Address 908 Eutaw Place

19 (a) MAR 3 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1941, at 9:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 1941, to 3-2 1941, and that I last saw h[illegible] alive on 2-2 1941.

Immediate cause of death Brain Tumor — Duration: [illegible]

Due to — Duration: [illegible]

Due to — Duration: [illegible]

Other Conditions — Duration: [illegible]

(Include pregnancy within 3 months of death)

Date of operation 2-12-41

Major findings of operation: Tumor left Cerebrum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Ignatius J. Montagnino M. D.

Address St Ag Hospital Date signed 3-2-41

VS 3

78106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 N. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1903

8. AGE: Years	Months	Days	If less than one day
37	10	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Conduit Lineman

11. Industry or business Elec Electric Co

FATHER
12. Name August Baker
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Wagner
15. Birthplace Balto Md

16 (a) Informant Miss Virginia Baker (Sister)
(b) Address 4002 Ellerslie Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Rose St

18 (a) Funeral director Albert L. Willis
(b) Address 1606 N. Chester St

MAR 3 - 1941

19 (a) (Date received) (Registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941 at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Guy Wardenburg M.D.
Medical Examiner.

Date signed 3/5/41

F 78107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 S. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roland Sally Ashe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 27, 1939

8. AGE: Years 1 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

MOTHER | FATHER

12. Name John Ashe

13. Birthplace Weldon, North Carolina

14. Maiden Name Sally Sayrle

15. Birthplace Richmond, Virginia

16 (a) Informant John Ashe

(b) Address 802 S. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Maryland

18 (a) Funeral director Joseph A. Smith

(b) Address 1094 Mount St.

19 (a) (Date rec'd by registrar) (b) Interring for Williams Mort.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1941 to Feb. 28 1941, and that I last saw her alive on Feb. 28 1941.

Immediate cause of death: Pneumonia — Duration: 2 days

Due to: Malnutrition

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Hart, M. D.

Address University Hosp. Date signed 2-28-41

78108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: La Mott Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 124-10-3052

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace Gloster Co Va (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Green

13. Birthplace Gloster Co. Va

MOTHER 14. Maiden Name Louise Whiting

15. Birthplace Gloster Co. Va

16 (a) Informant Gillous Gray (Brother)

(b) Address 1301 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3-1941 (month) (day) (year)

(c) Cemetery or crematory Mongester Co Virginia Location

18 (a) Funeral director Wm Brooks

(b) Address 1463 Carey st

19 (a) MAR 5 1941 (Date received by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1941, at 4 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941, to 2-27 1941, and that I last saw h/ alive on 2-27 1941.

Immediate cause of death	Duration
Lobar Pneumonia	11 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Musselman M. D.
Address Provident Hospital Date signed 2-27-41

78109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78109
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4031 E. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK E. GREAVER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Irene Greaver
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1887

8. AGE: Years	Months	Days	If less than one day
53	5	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Produce Business

11. Industry or business

FATHER
12. Name Louis C. Greaver
13. Birthplace Germany (?)

MOTHER
14. Maiden Name Catherine Nader
15. Birthplace Germany

16 (a) Informant Irene Greaver (wife)
(b) Address 4031 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germans Hill Rd

18 (a) Funeral director Martin H. E. Diffel
(b) Address Lombard & Eaton Sts

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1941, at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cirrhosis of liver atrophic non-alcoholic	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed 3-1-41

VS 6

F 78110

65634

BALTIMORE CITY HEALTH DEPARTMENT

DH CERTIFICATE OF DEATH 50

F 78110

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Margaret Hertzfeld

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1880

8. AGE: Years 60 | Months 11 ? | Days ? | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Bryan
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Bridge
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

MAR 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 9:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1941, to 2-28 1941, and that I last saw h[illegible] alive on 2-28 1941.

Immediate cause of death: Carcinoma of right breast metastasis — Duration: 2 wks.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr.
Address Baltimore City Hosp. Date signed 3/1/41

F 78111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 78111
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

13-B

3 (a) FULL NAME Joseph Nolan (63575)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1892

8. AGE: Years	Months	Days	If less than one day
48	5	11 13	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Nolan
13. Birthplace Md.

MOTHER
14. Maiden Name Kate Livers
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 3/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

MAR 3 1941 (b) [signature] Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1941, to March 1, 1941, and that I last saw him alive on March 1, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 3-1-41

F 78112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

67

F 78112
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 School St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 School St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Beverly Blackwell Booth-F 16169

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1940

8. AGE: Years	Months	Days	If less than one day
	4	7	hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Chas. Harris
13. Birthplace md

MOTHER
14. Maiden Name Cordelia Jones
15. Birthplace md.

16 (a) Informant Cordelia Blackwell
(b) Address 711 School St.

17 (a) Burial (b) Date thereof 3/3/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

MAR 3 - 1941 (b) [illegible]
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1941, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came
yes death on the day stated above.

Immediate cause of death	Duration
Hemorrhage in enlarged thymus	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. M. Gaudy M.D.
Medical Examiner.
Date signed 3/2/41

F 78113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-2 E 78113 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 E Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 E Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Snipe

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Josephine Snipe
(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65	—	—	— hr. — min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Laborer —
11. Industry or business not employed

FATHER
12. Name David Snipe
13. Birthplace NC

MOTHER
14. Maiden Name Rennie Taylor
15. Birthplace N.C.

16 (a) Informant Mrs Josephine Snipe
(b) Address 1124 E Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 5 (day) 41 (year)
(c) Cemetery or crematory Mt Calvary Cem
Location
18 (a) Funeral director Chas. H. Wilson
(b) Address 1800 Eastern Ave
19 (a) 3-3-1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1941, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941, to Feb 28 1941 and that I last saw him alive on Feb 27 1941.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	about Feb 21 1941
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo S Allen M.D.
Address 50 Pleasant St Date signed 3-3-41

F 78114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No. F 78114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bradford apts. Howard & 332 W. Mt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 N. 925 E. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE PRICE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-6126

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 26 1910

8. AGE: Years	Months	Days	If less than one day
31		19	hr. min.

9. Birthplace Washington N. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Elevator man.

FATHER 12. Name Charles Price

13. Birthplace N. C

MOTHER 14. Maiden Name Ophelia Edwards

15. Birthplace N. C

16 (a) Informant Mary Alexander

(b) Address 832 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cem

Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Bolton Manigault Knight

(b) Address 218 N. Haddington Ave, Baltimore, Md.

19 (a) [redacted] (b) [redacted] Registrar

(Date received) 3 [redacted]

VS 6

MEDICAL CERTIFICATION

55

20. DATE OF DEATH February 27 1941, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute staphylococcus	
Due to Syphilis, cardiovascular	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 3-20-41

F 78115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78115 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 851 CHINA ST.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 ELLIOTT ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME LEONORA JASEK

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-7597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	WHT.	WIDOWED

6 (b) Name of husband or wife MICHAEL JASEK
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) DECEMBER 13, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	18	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation CANNER
11. Industry or business CANNING INDUSTRY

FATHER
12. Name JOSEPH GRANDA
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLISH

16 (a) Informant MRS. ANNA ROMANEK
(b) Address 851 CHINA ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/4/1941 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location BALTIMORE, MD.

18 (a) Funeral director Walter Burba Bradley
(b) Address 1922 W. NORTH AVE.

19 (Date rec'd by registrar) MAR 3 - 1941 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941, to Mar 1 1941, and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death	Duration
(a) Arterio-Sclerosis	
Due to Arteriosclerosis	1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Nulan M. D.
Address 687 W. 36th Street Date signed 3-3-41

F 78116

78116 OF 63336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Zeiters

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William ZEITERS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1910

8. AGE: Years 30 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name James Kehoe
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Whelen
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 4/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Tilly J. Zindler Jr.
(b) Address 403 S. WOLFE ST.

19 (a) MAR 3 - 1941 (Date rec'd by Registrar) (b) Hunting for Whitehead

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 2-28 1941, and that I last saw her alive on 2-28 1941.

Immediate cause of death: Carcinoma of the cervix metastases — Duration: 14 yr.
Due to: Post-radiation ~~cystitis~~ recto-vesical fistula — 5 mo.
Due to: Uremia — 2 wks.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harvey R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 2-28-41 M. D.

VS 3

F 78117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78117 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 203 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 S. Streeper St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert McCord (58227)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4444

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1898

8. AGE: Years	Months	Days	If less than one day
42	10	29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Thomas (D)
13. Birthplace Balto.

MOTHER
14. Maiden Name Ida Funk (D)
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 5/41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Libby Zuckerberg
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3 MAR 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941 at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1940, to March 1, 1941, and that I last saw him alive on March 1, 1941

Immediate cause of death	Duration
Pulmonary Tuberculosis	10 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving Goldstein M.D.
Address Balto. City Hospital Date signed 3-1-41

F 78118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 78118 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME (AUGUST) ARTHUR KLINE
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-1982

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Myrtle P. Kline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1902

8. AGE: Years	Months	Days	If less than one day
39	0	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Arthur Kline
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name —
15. Birthplace Baltimore, Md.

16 (a) Informant Myrtle P. Kline
(b) Address 1220 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gerguson Hill Rd

18 (a) Funeral director Lilly & Zadenian
(b) Address 403 S. Arlington Ave.

19 (a) (Date rec'd by registrar) (b) (Registrar)

VS 6 MAR 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1941, at 3 25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, second and third degree, face and body.	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 13, 1941 12 M.
(c) Where did injury occur? 1220 S. Clinton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury fell across moth lighted

23. Signature H. L. Wellenstein M.D.
(Coroner or Medical Examiner.)
Date signed 3/3/41

org. auto. Bed clothes caught fire

F 78119 3810 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓

F 78119 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Valuk

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)?
8. AGE: Years 70 ? Months Days If less than one day hr. min.
9. Birthplace Ukraine (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 3 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20- 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1941, to 2-20-1941, and that I last saw h[illegible] alive on 2-20-1941

Immediate cause of death	Duration
Cardiac failure	?
Due to G.S. Int Dis	?
Due to Pulm. emphysema	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 2-25-41

6317

F 78120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 ✓ Registered No. F 78120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Baptist

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 5 | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address MAR 3 - 1941 Per M. A. Yoe
Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1941, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Inanition: Etiology undetermined — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Sandefur M.D.
Medical Examiner.
Date signed 2/23/41

F 78121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. E 78121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Beach St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

73

3 (a) FULL NAME JOHN PLATER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Mollie Plater

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address
Per H. A. Moore

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular renal disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-20-41

VS 6

F 78122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 E Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 E. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isidora Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Princess Anne Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941

Commissioner of Health

18 (a) Funeral director
(b) Address

MAR 3 - 1941 Per M. A. Moore
Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 9-30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Huntington Williams M.D. Medical Examiner.
Date signed 2/27/41

VS 6

F 78123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 78123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 E Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY BEANS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAR 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 1 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said ~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular bilateral — Duration
Due to senility
Due to
Other Conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallace M.D. Medical Examiner.
Date signed 2-23-41

78124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78124

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 St. Matthew St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Johnson

Birth F 10881

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1940

8. AGE: Years	Months	Days	If less than one day
	8	26	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Leroy Hagins
13. Birthplace Baltimore

MOTHER
14. Maiden Name Willie Johnson
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 1222 St. Matthew St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 2 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore Md

18 (a) Funeral director Walter P. Zorzy
Address 130 W. Hamburg St

MAR 3- 1941 (Date rec'd by registrar) (b) Huntington Hill, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 1 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1941, to 2-25 1941, and that I last saw h.i.m. alive on 2-28 1941.

Immediate cause of death: Bronchopneumonia — Duration: 5 days
Due to: Pertussis — 1 wk.
Due to:
Other Conditions: Extreme malnutrition — 3
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy To be done 3-one-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha H. Reese M. D.

Address Sydenham Hosp. Date signed 2-28-41

78125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

Registered No. E 78125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE SKIPWORTH. OR SKIPWITH

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7752

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1877

8. AGE: Years	Months	Days	If less than one day
63 64	10	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace —

MOTHER 14. Maiden Name Laura Williams

15. Birthplace Maryland —

16 (a) Informant Laura Skipwith

(b) Address 30 N. Spring St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 4 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Md.

18 (a) Funeral director Walter R. Rizzo

(b) Address 639 W. Hamley St.

19 MAR 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1941, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Rupture of aneurysm of aorta	
Due to syphilis, cardiovascular	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 3-1-41

F 78126

60120 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

Registered No. F 78126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No. No Record

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	20	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Richard Thomas Hicks
13. Birthplace ?

MOTHER
14. Maiden Name Henrietta Kerr
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Park
Location Hammonds Mill Rd - Balto Co. Md.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1318 Eutaw St

19 (a) Date received by Registrar MAR 3 - 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1941 at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940 to 2-26 1941 and that I last saw him alive on 2-26 1941.

Immediate cause of death	Duration
Carcinoma of head of pancreas & metastases	1 yr.
Due to	
Due to	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 3/1/41

78127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 78127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 2247 Sydney Avenue (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Sylvester BUSHONG

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 215-10-7211

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Horsberger
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1893

8. AGE: Years	Months	Days	If less than one day
47	4½	6	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Pipefitter
11. Industry or business Camp Meade

FATHER
12. Name Thomas Bushong
13. Birthplace Virginia

MOTHER
14. Maiden Name Alverta Norris
15. Birthplace St. Mary's County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director S. Walter Mayo
(b) Address 619 N. Bouldin St.

19 MAR 3 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941, at 11:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28, 1941, to Mar. 1, 1941, and that I last saw him alive on Mar. 1, 1941

Immediate cause of death: Lobar pneumonia, type III — Duration: 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/3/41

F 78128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 78128 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4723 Park Heights Ave
(c) Hospital or institution:
Dr's Office
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence E. Bruell

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	M.

6 (b) Name of husband or wife Margaret Leonard Coffin Bruell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1890

8. AGE: Years	Months	Days	If less than one day
50	10	16	hr. min.

9. Birthplace Parkton Md. (Town, county, and state)
10. Usual Occupation Decorating
11. Industry or business

FATHER
12. Name James R. Bruell
13. Birthplace Parkton Md.

MOTHER
14. Maiden Name Mary Bollenger
15. Birthplace Unknown

16 (a) Informant Margaret L. Bruell
(b) Address 3719 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Middleton M E Church
Location Middleton, Md.

18 (a) Funeral director Loring Byers
(b) Address 5225 Park Heights Ave.

19 (a) Registered by [illegible] Registrar
MAR 5 - 1941
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1925, to March 1 1941, and that I last saw him alive on March 1 1941.

Immediate cause of death Coronary Thrombosis Pulmonary Edema — Duration 1/2 hr.
Due to
Due to
Other Conditions Hypertension — Duration 6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred L. De Bartrim M. D.
Address 4723 Park Heights Ave. Date signed 3/8/41

78129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

Registered No. F 78129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sheffey Birth F 10 29 0

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 12 M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1940

8. AGE: Years	Months	Days	If less than one day
	9		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 3- 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

1519

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Staph. Media left	
Staphylococcus aureus	
Due to Hemolyticus septicemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Sandelius M.D.
Medical Examiner.

Date signed 2-24-41

VS 6

78130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 V F 78130

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2649 Greenmount Ave Basement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2649 Greenmount st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor Martin McLean Butler F 20861

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1940

8. AGE: Years 1 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William J. McLean
13. Birthplace Boston, Maryland

MOTHER
14. Maiden Name Bernice Cole
15. Birthplace Calgary, Alberta, Canada

16 (a) Informant Mrs. Bernice McLean
(b) Address 2649 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Maryland

18 (a) Funeral director Frank A. Cole
(b) Address 1200 W. Lombard St.

19 MAR 3 - 1941 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1941, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 2/15/41

78131
387526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a ✓ Registered No. E 78131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 N Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susie Mae Keller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-25

8. AGE: Years	Months	Days	If less than one day
15	10	14	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Sam Teller
13. Birthplace Md

MOTHER
14. Maiden Name Lucy Turner
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 3/3/41 (month) (day) (year)
(c) Cemetery or crematory Smithfield Va.
Location Virginia

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 MAR 3- 1941 Huntington Williams Mgr.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 1 1941, at 2.15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to MAR 1 1941, and that I last saw her alive on MAR 1 1941.

	Duration
Immediate cause of death Chronic Glomerulo-nephritis with Uremia.	18 Mos.
Disease Hypertensive Cardio vascular disease with	
Disease cardiac insufficiency	1 year
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. H. Bellinger M. D.
Address J. H. Hopkins Date signed 3-1-41

VS 3

78132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

Registered No. F 78132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Rogersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Albert Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Mrs. Amy Lyons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1875

8. AGE: Years 65 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Andrew Lyons
13. Birthplace Tenn

MOTHER
14. Maiden Name Sallie Tuper
15. Birthplace Tenn.

16 (a) Informant Albert S Lyons
(b) Address Kingsport Tenn.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Rogersville Tenn.
Location

18 (a) Funeral director Harry H Wilhelm
(b) Address 4101 Edmondson Ave.

19 (a) MAR 3 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to March 2 1941, and that I last saw him alive on March 2 1941.

Immediate cause of death: Malnutrition + Stomatitis — Duration: 4 mos.

Due to: Pancreatic Cancer with Obstruction of Duodenum, Jaundice — Duration: 1 yr. 5 mos.

Due to: Neoplasm

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma involving pancreas, bile ducts + duodenum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H B Crumpton M. D.
Address Church Home + Inf. Date signed 3-3-41

78133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78133 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 140 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Koorse (63192)

SS 217-03-9102

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-9702

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1897

8. AGE: Years	Months	Days	If less than one day
43	5	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Edward (D)
13. Birthplace Balto.

MOTHER
14. Maiden Name Fannie Mae Biddison (D)
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery or crematory St Paul's Sub Rgn
Location 5600 Gardiner Ave
18 (a) Funeral director Thos. F. Connelly
(b) Address 418 Eastern Ave

19 (a) MAR 3 1941 Huntington, West Virginia
(Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1941, at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1941 to March 2, 1941, and that I last saw him alive on March 2, 1941

Immediate cause of death	Duration
Pulmonary Tuberculosis	Sept. 1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospital Date signed 3-3-41

VS 2

F 78134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78134 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 S. Broadway
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S. Broadway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME VICTORIA RODRIGUEZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Hipolito Rodriguez
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 28.1874

8. AGE: Years	Months	Days	If less than one day
66	7	13	hr. min.

9. Birthplace Spain (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name Antonio Guitierrez
13. Birthplace Spain

MOTHER
14. Maiden Name Victoria Fernandez
15. Birthplace Spain

16 (a) Informant Mr. Sebastian Corral (Son)
(b) Address 812 S. Broadway

17 (a) Burial (b) Date thereof Mar. 4. 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.
HENRY SANDER & SONS. INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway.

19 (a) MAR 3 - 1941 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1. 1941 19 4.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1939 to March 1 1941, and that I last saw h.e.r. alive on March 1 1941.

Immediate cause of death	Duration
Acute Cardiac dilatation	2 Days
Due to Chronic myocarditis	16 yrs
Diabitis Mellitus	15 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Calas
Address 4 N. Fulton Date signed 3/3/41

VS 3

78135
3937-3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 78135

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert Co
(c) City or town Owings (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME June Marie Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-40

8. AGE: Years	Months	Days	If less than one day
0	8	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Hall
13. Birthplace Md —

MOTHER
14. Maiden Name Roberta Stallings
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Harmony Cem
Location Owings, Md.

18 (a) Funeral director Wm H. Hutchins
(b) Address Owings Md

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 2 1941, at 8 36 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941 to Mar. 2 1941, and that I last saw her alive on Mar. 2 1941.

Immediate cause of death Disseminated Tuberculosis
Due to Tbc. Meningitis
Due to Tuberculosis Pulmonary
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack M. D.
Address J. H. H. Date signed 3-2-41

78136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78136 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 N Casey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Casey St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 40 years

3 (a) FULL NAME Josephine K Schmidt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Frederick Louis Schmidt

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 3 - 1876

8. AGE: Years	Months	Days	If less than one day
64	7	28	hr. min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business At Home

FATHER
12. Name Don't Know
13. Birthplace Switzerland

MOTHER
14. Maiden Name Don't Know
15. Birthplace Switzerland.

16 (a) Informant Mrs. Sophie K. Meile
(b) Address 613 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore City

18 (a) Funeral director H. B. Hilkert & Son
(b) Address 1300 Eutaw St

MAR 3 - 1941
(Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1941, to Mar. 1 1941, and that I last saw h[illegible] alive on Feb. 28 1941.

Immediate cause of death	Duration
Due to Ac. Myocarditis	1937
Due to Ch. Interstitial nephritis	1937
Other Conditions Chronic Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	1936

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Brown M.D.
Address 1643 W. North Ave Date signed 3/2/41

78137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 78137 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 S. Vincent Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 S. Vincent Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME MARY E. RICHARDSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Arnold J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/17/1899

8. AGE: Years	Months	Days	If less than one day
41.	2	1315	---hr.---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife at Home
11. Industry or business

FATHER
12. Name David Hannan
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mr. Arnold Richardson
(b) Address 409 S. Vincent Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director C. H. Hilgent & Son
(b) Address 1300 EUTAW PLACE

19 (a) MAR 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1940 to March 2 1941, and that I last saw her alive on March 1 1941.

Immediate cause of death: Bacterial Endocarditis — Duration 3 months
Due to: Streptococcus viridans
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St. Date signed 3/3/41

F 78138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1/31-a F 78138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo20da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Linthicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Maple Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Johnson FRISTOE

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	418G

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Robinson
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) June 12, 1898

8. AGE: Years	Months	Days	If less than one day
42	9 11	21	hr. min.

9. Birthplace Boothville, West Virginia (Town, county, and state)
10. Usual Occupation Federal Land Bank
11. Industry or business

FATHER
12. Name Lee Jackson Fristoe
13. Birthplace Warren County, Va.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery or crematory Harrisonburg
Location Va.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St.

MAR 4 - 1941 (Date rec'd by registrar) Hunting H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1941 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10, 1941 to March 3, 1941, and that I last saw him alive on March 3, 1941

Immediate cause of death	Duration
Uremia	6 Mo.
Due to Circulatory failure	6 Mo.
Due to Cardiovascular renal disease	Unknown
Other Conditions Hypertension and arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations Paracentesis
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T B N Anderson. M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/3/41

VS 2

F 78139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 78139 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 Hudnick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Hudnick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr George Wilhom Loewe

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mae E Loewe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1884

8. AGE: Years 56 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Henry Loewe
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Bowers
15. Birthplace Germany

16 (a) Informant Wilhom Loewe
(b) Address 2226 Hudnick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhom Loe
(b) Address —

MAR 4 1941 (b) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 5:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940 to Mar 2 1941, and that I last saw h[illegible] alive on Mar 1 1941.

Immediate cause of death: Carcinoma of Left Stomach & Metastases — Duration 1 yr 1 mo
Due to
Due to
Other Conditions Anemia, Cachexia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernst Lagenbacher MD
Address 724 Medical Arts Date signed 3/3/41

VS 3

39371 F 78140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 78140 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Chesterfield Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Charles Gibson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-01-3841

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 12-26-87

8. AGE: Years 53 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business W.P.A.

FATHER 12. Name J. Gibson

13. Birthplace Md.

MOTHER 14. Maiden Name Nancy Trusten

15. Birthplace Md.

16 (a) Informant Sisters

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St

19 (a) MAR 2 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1941, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to Mar 2 1941, and that I last saw him alive on Mar 2 1941.

Immediate cause of death (?) Pulmonary Infarction due to Embolism — Duration 1 hour.

Due to Also - Lobar Pneumonia, Type 9, — 5 days

Due to

Other Conditions Cirrhosis of Liver, Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hattie Klein

Address Johns Hopkins Hosp. Date signed 3/24/41

F 78141 McDougall F 78141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 E. Oliver st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna K. McDougall

3 (b) If veteran, name war -No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married, widowed, or~~ divorced Divorced

6 (b) Name of husband ~~or wife~~ Clyde McDougall

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 7th 1897

8. AGE: Years 44 | Months 10 | Days 2627 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Joseph W. Byrnes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Nellie F. Miller
15. Birthplace Balto. Md.

16 (a) Informant Nellie B. Walker
(b) Address 200 Eldon Ave, Drexel Hill, Pa.

17 (a) Burial (Burial, ~~cremation, or removal~~) **(b) Date thereof** 3/6/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 MAR 4 – 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1941, at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/1941, to 3/3/1941, and that I last saw he~~r~~ alive on 3/3/1941.

Immediate cause of death Cardiac insufficiency — **Duration**

Due to Hypertensive cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operationa

Of autops Large heart – mitral stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to ~~external causes (violence)~~ state the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Square Hosp. Date signed 3/3/41

F 78142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-e

F 78142 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 Penrose Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 Penrose Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth B. Bradley

3 (b) If veteran, name war —

3 (c) Social Security Account No. NIRA

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ William Bradley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1888

8. AGE: Years 52 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Silas L. Snellings
13. Birthplace Va

MOTHER
14. Maiden Name Marie Black
15. Birthplace Va

16 (a) Informant William L. Bradley
(b) Address 2208 Penrose Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Meadow Ridge
Location Washington Blvd Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Registered by [illegible] (b) Filed MAR 4 1941 (c) Burial permit issued by Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1st 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to Mar 1 1941; and that I last saw h[illegible] alive on March 1 1941.

Immediate cause of death	Duration
Adenocarcinoma	8 mo.
Due to Thyroid Adenoma.	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb. 20-41.
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Lloyd Johnson M. D.
Address Catonsville Date signed 3-4-41

F 78143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 78143
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Tongue Richardson

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Joseph M. Richardson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2nd 1863

8. AGE: Years 78 | Months 1 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Chas Wrenn
13. Birthplace Unknown

MOTHER
14. Maiden Name (Unknown) Norman
15. Birthplace

16 (a) Informant James N. Richardson
(b) Address 1810 W. Lanvale St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 4th 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto Co. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St.

19 (a) Mar 4 1941 (Date received by Registrar) (b) Attending or Filing Physician

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1st 1941, at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1941. to Mar 1 1941. and that I last saw h~~er~~ alive on Mar 1 1941.

Immediate cause of death Primary Broncho-pneumonia 4 days

Due to

Due to

Other Conditions Myocardial Insuf. Arteria-sclerosis 4 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer L. Dodd.
Address 735 N. Fulton Ave Date signed 3/3/41

F 78144

THEODORA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 78144

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THEODORA LOU PER McDONALD

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: F

5. Color or race: W

6 (a) ~~Single, married, widowed or~~ divorced

6 (b) Name of husband ~~or wife~~: Harry B. McDonald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 28th 1905

8. AGE: Years 35 | Months 6 | Days 3 | If less than one day: hr. min.

9. Birthplace: New Jersey (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business: Self

FATHER
12. Name: Henry R. Lofer
13. Birthplace: N. J.

MOTHER
14. Maiden Name: Laura Gifford
15. Birthplace: New York City

16 (a) Informant: Julia McDonald (Husband)
(b) Address: 214 Paddington Rd Towson Md

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof: 3/4/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) Date received by Registrar: MAR 4 – 1941 (b) Registrar: [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1st 1941, at 11:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Suffocation — Duration:
Due to: House fire (Conflagration)
Due to:
Other Conditions: Burns, 1st degree body & face
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: March 1st 1941 14-2
(c) Where did injury occur? 1608 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: bed clothes caught fire

23. Signature: H L Wallenmaier M.D.
Medical Examiner.
Date signed 3-1-41

Initially from cigarette

F 78145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 99-D

F 78145
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 Mt. Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Mt Royal Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily May Zulauf

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ or wife: Louis T. Zulauf
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1863

8. AGE: Years 77 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name George Constance
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Adelaide Sherwood
15. Birthplace Balto. Md.

16 (a) Informant Mrs Eleanor Hart
(b) Address 1502 Mt. Royal Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/4/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 4 - 1941
(Date rec'd by registrar)

(b) Signature of ~~undertaker~~ funeral director William Cook

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1st 1941, at 11:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18/1940 to 3/1/1941, and that I last saw her alive on 3/1/1941

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 2

Due to:

Due to:

Other Conditions: Complete Occlusion, Cholecystitis & Retroperitoneal Hernia
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Tyndall

Address 340 Dallfield Blvd Date signed 3/3/41

F 78146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78146 Registered No. 17-e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward M Kendall

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Torrance Kendall
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lora Kolb
15. Birthplace Baltimore, Maryland

16 (a) Informant Alice Robb
(b) Address 514 S. Lehigh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Maryland

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul Street

19 (a) (Signature of Undertaker or Agent) (b) Registering Place, Md. (City or County) (State)
MAR 4 1941 (Date Received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 5½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death: Acute a catharrum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Medical Examiner M.D.
Date signed 3/3/41

F 78147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

F 78147 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Overland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Jane Snider ✓

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Leonard Snider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18th 1853

8. AGE: Years	Months	Days	If less than one day
87	8	15	hr. min.

9. Birthplace Maine
(Town, county, and state)
10. Usual Occupation Sewing
11. Industry or business at Home

FATHER
12. Name Alexander C. Shaw
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah M. Davis
15. Birthplace Tenn

16 (a) Informant Marion D. Snider
(b) Address 2911 Overland Ave

17 (a) Burial (b) Date thereof 3/5/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1249 St. Paul St. Baltimore, Md.

19 (a) (Date rec'd by Registrar) (b) Registrar

MAR 4 – 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1941, at 2:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940, to Mar 3 1941, and that I last saw her alive on Mar 2 1941.

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to Chronic myocarditis + Arteriosclerosis	—
Due to Diabetes Mellitus	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. E. Taylor M. D.
Address 2902 Greenmount Ave Date signed Mar 3

F 78148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78148 Registered No.

DH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Henry Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Divorced

6 (b) Name of husband or wife Calvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1891

8. AGE: Years	Months	Days	If less than one day
50	1	3	hr. min.

9. Birthplace Md. Berlin (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jessie Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Mills
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Berlin, Md
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd) 1941 (Registrar) (b) Registrar
Huntington Williams, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1941, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1940 to 2-28 1941 and that I last saw her alive on 2-28 1941

Immediate cause of death	Duration
Cerebral embolism	4 days
Due to Hypertensive C.V.D	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Ass above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp Date signed 3-1-41

F 78149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193-D

F 78149
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 N. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth F. Peterson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	widowed

6 (b) Name of husband or wife Wm F. Peterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 — 1869

8. AGE: Years	Months	Days	If less than one day
71	8	20	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Tostman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Chas. Thiess
(b) Address 531 N. Robinson St

17 (a) Burial (b) Date thereof 3 4 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Feurig Sons
(b) Address 2044 Orleans St.

19 (a) MAR 4 1941 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1 1941, at 5 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-41 to 3-1 1941.
and that I last saw h alive on 3-1 1941.

Immediate cause of death

Due to Thrombosis Duration Days

Due to Senile Arteriosclerosis

Due to

Other Conditions Acute Cardiac Dilatation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ford Neuzbaker M.D.
Address 1 W. Mulberry St Date signed 3-2-41

VS 2

F 78150

F 78150

F 78150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 S. Register St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S. Register St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Wladislaw Rydzewski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-3209

4. Sex M.

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Ludwika

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years About 57 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Chipaper

11. Industry or business James J Lacey Co.

FATHER
12. Name Thomas Rydzewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Bielamowicz
15. Birthplace Poland

16 (a) Informant Ludwika Rydzewski
(b) Address 418 S. Register St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell St Ext.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave, Balto, Md.

19 (a) MAR 4 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1941, at 6:09 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1st 1941, to Mar 3rd 1941, and that I last saw h[illegible] alive on Mar 3rd 1941.

Immediate cause of death Pneumonia — Duration Intermittent

Due to Fever

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2214 E Hayetts St Date signed Mar 4th 1941

VS 8

F 78151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41

F 78151 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 E. 31st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 E. 31st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 yrs. years

3 (a) FULL NAME Louis Bernard Koop

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Anna M. Koop
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1855

8. AGE: Years	Months	Days	If less than one day
85	11	14	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired Jeweler
11. Industry or business

FATHER
12. Name Bernhard Koop
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Norma Miller
(b) Address 2031 E. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) MAR 4 1941 (Date received by Registrar) (b) Lington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1936 to Mar 2 1941, and that I last saw h alive on Mar 1 1941.

Immediate cause of death
Coma — Duration 5 hours
Due to Diabetes Mellitus — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Thomas
Address 3136 Kenwood Rd Date signed 3/2/41

F 78152

62980 MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78152

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr-3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertram Henry

3 (b) If veteran, name war: Spanish American

3 (c) Social Security Account No. 212-18-9554

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Sue M. Henry

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1873

8. AGE: Years	Months	Days	If less than one day
67	4	8	..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laundry Engineer

11. Industry or business

FATHER
12. Name Louis Henry
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Barnes
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Emory Church Cem.
Location Carroll County, Maryland

18 (a) Funeral director Edward Tipton
(b) Address Hampstead, Maryland

19 (a) (Date received by Registrar) MAR 4 - 1941 (b) Registrar for Millard, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941, to 3-2 1941, and that I last saw h alive on 3-2 1941.

Immediate cause of death: Bronchopneumonia — Duration: 7 Days

Due to: Hypertension C.V.D

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Pallthrop

Address Balto. City Hosp. Date signed 3-3-41 M. D.

F 78153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78153 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Chesterfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Chesterfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet B. Ritter

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 2

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife George B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1871

8. AGE: Years 69 | Months 6 | Days 20 19 | If less than one day hr. min.

9. Birthplace Moneton Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name A Bryan Young
13. Birthplace Penna.

MOTHER
14. Maiden Name Susan Crommer
15. Birthplace Penna

16 (a) Informant George B. Ritter
(b) Address 3100 Chesterfield Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-4-41 (month) (day) (year)
(c) Cemetery or crematory Moneton Methodist
Location Moneton, Md.

18 (a) Funeral director Wm J. Lickenet Sons
(b) Address Forest & Pa Aves.

19 (a) (Date rec'd by registrar) **(b)** Registrar
MAR 1 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1 1941, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Mar 1 1941, and that I last saw h-er alive on Feb 28 1941.

	Duration
Immediate cause of death Myocardial Failure	
Due to Coronary Thrombosis	1 week
arteriosclerosis	?
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo S. Bayley M. D.
Address Chesterfield Ave & Eden St **Date signed** Mar 3/41

F 78154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78154 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Allendale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY HOKE GARDNER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lester B. Gardner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 28, 1850

8. AGE: Years 90 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace: Mt. Vernon, Ohio (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Peter Hoke
13. Birthplace: Lancaster Co., Penna.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Lester H. Gardner
(b) Address: 2705 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory: Mound View
Location: Mt. Vernon, Ohio

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) [illegible]

MAR 4 1941 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1941, at 5 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28- 1941, to 3-3- 1941, and that I last saw h[illegible] alive on 3-3 1941.

Immediate cause of death: Cerebral hemorrhage - Duration: 4 days
Due to: Arteriosclerosis -
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard H. Warner M. D.
Address: 2607 Garrison Blvd Date signed 3-4-41

F 78155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78155 Registered No. 93 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3431 Wabash Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3431 Wabash Avenue (If rural give location)
15-11
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JEWELL D. WEBB

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife George H. Webb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1885

8. AGE: Years 55 | Months 6 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Donald
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Defree
15. Birthplace Maryland

16 (a) Informant Mr. George H. Webb
(b) Address 3431 Wabash Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 4 1941 (Date received by Local Registrar) **(b)** Registered by ... Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 10.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1941, to March 2 1941, and that I last saw her alive on March 2 1941.

Immediate cause of death 1) - Cerebral Hemorrhage — **Duration** 4 days

Due to Hypertension Heart Disease — 5 yrs. ?

Due to

Other Conditions - None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.

Address 4106 Liberty Hts. **Date signed** 3/4/41

F 78156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 36 Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAUL BRISTOW

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-9399

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 45 Months Days If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Simeon Bristow
13. Birthplace N. C.

MOTHER
14. Maiden Name Indiana Boone
15. Birthplace N. C.

16 (a) Informant Mrs A. T. Faulk
(b) Address Culpeper, Va

17 (a) (Burial, cremation, or removal) (b) Date thereof March 6-41 (month) (day) (year)
(c) Cemetery or crematory Culpeper
Location Virginia
(a) Funeral director A Riley Slade
(b) Address 4907 York Road

19 (a) 194 (Date rec'd by registrar) Huntington Williams, Md Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage spontaneous — Duration sudden

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 3-7-41

78157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 78157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Christopher Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Christopher Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 1

3 (a) FULL NAME Charles Berger

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-0629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Bertha Belle Berger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31-1881

8. AGE: Years	Months	Days	If less than one day
59	4	1	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Building Foreman
11. Industry or business C & P Telephone Co

FATHER
12. Name Adam Berger
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Metzger
15. Birthplace Md

16 (a) Informant Bertha Belle Berger
(b) Address 2905 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Leonard Peck

18 (a) Funeral director
(b) Address 3305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5, 1940 to March 2 1941 and that I last saw him alive on Feb. 27, 1941.

Immediate cause of death	Duration
Coronary Thrombosis	?
Due to Cordnary Occlusion	3 Mos.
Due to -	
Other Conditions Aortic regurgitation	15 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Singsmeld M.D.
Address 1617 E. North Ave Date signed 3-3-41

F 78158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 19

F 78158
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 381 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Grant (53006)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1908

8. AGE: Years	Months	Days	If less than one day
32	11	23 25	hr. min.

9. Birthplace S. Car.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ~~[illegible]~~ George
13. Birthplace S. Car.

MOTHER
14. Maiden Name Judy George
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 4 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Florence S. Cem.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Broadway Ave.

19 (a) [illegible] MAR 4 1941 Registrar
(b) [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1941, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1940 to March 2, 1941 and that I last saw him alive on March 2, 1941

Immediate cause of death
Bronchial Tuberculosis of Lymph Glands — Duration July, 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard C. Calhoun M. D.
Address Balto. City Hospital Date signed 3-3-41

F 78159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Hayman

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Separated

6 (b) Name of husband or wife Elizabeth Hayman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
5043			hr. min.

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Hayman
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Md.

16 (a) Informant Elizabeth Hayman
(b) Address 818 Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs. Nathan R Williams
(b) Address 322 N Schroeder St

MAR 4 = 1941 (Date rec'd by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/4/41

VS 6

F 78160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84-a F 78160 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Etting St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Evelyn Johnson
3 (b) If veteran, name war
(c) Social Security Account No.

Birth F 2305

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1940

8. AGE: Years	Months	Days	If less than one day
	2	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Herman Johnson
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Bernice Wilson
15. Birthplace Baltimore, Md

16 (a) Informant Mother
(b) Address 2013 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] 10 M
[illegible] Huntington [illegible] W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1941 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1941, to 3-1 1941, and that I last saw her alive on 3-1 1941.

Immediate cause of death
Meningitis

Due to Type I Pneumococcus

Due to

Other Conditions Otitis media

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not permitted

Duration
3 days
1 wk

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hospital Date signed 3/3/41

F 78161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 78161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 135 N. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie Smith

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband George F. Smith (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1888

8. AGE: Years 52. | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name William Messner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Kate Miller
15. Birthplace Balto. Md.

16 (a) Informant George F. Smith
(b) Address 135 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location

18 (a) Funeral director Chas. F. Sparr & Son Inc.
(b) Address 1918 W. Pratt & Royal Aves

MAR 4 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941, to Mar 3 1941, and that I last saw her alive on Mar 2 1941.

Immediate cause of death: Diabetes Mellitus — Duration

Due to

Due to

Other Conditions: Carbuncle on right shoulder
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carbuncle of shoulder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lamphier, M.D.
Address Md. Gen. Hosp. Date signed 3/3/41

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78162

CERTIFICATE OF DEATH

937 F 78162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 W. Balt (Name of hospital) Gen'l Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George R Lohmeyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 131 Willard St. St., ... Ward. S.S. 214-01-9157

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine A. Lohmeyer

6. DATE OF BIRTH (month, day, year) Aug. 17, 1875

7. AGE: Years 65 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baers. Md.

FATHER

13. NAME Frederick H. Lohmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robt L. Lohmeyer

(Address) 131 Willard St

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Loudon Park 3/4/41

19. UNDERTAKER Harry H. Mitzke

(Address) 4101 Edmondson Ave

20. FILED MAR 4 - 1941 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1941, to 3-3, 1941

I last saw him alive on 3-3, 1941. Death is said to have occurred on the date stated above, at 1 39 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos
acute heart failure following	
arteriosclerotic heart disease	
Pulmonary emphysema	
Right Pleural effusion	

Other contributory causes of importance (over)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L Wallenstein, M. D.

(Address) 1132 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78163 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 1/2 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 1/2 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Herman H. Zwiebelman

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 14 1553

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosie Goodrich Zwiebelman 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1865.

8. AGE: Years	Months	Days	If less than one day
75	11		hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Union Trust Co.

FATHER
12. Name Heinrich G. Zwiebelman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Carroll George
(b) Address 1544 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/41. (month) (day) (year)
(c) Cemetery or crematory Headowridge Cemetery
Location Washington Blvd. A.A. Co. Md.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4707 Reisterstown Ave.

19 (a) MAR 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1938, to March 2 1941, and that I last saw him alive on March 1 1941.

Immediate cause of death Generalized arteriosclerosis

Due to

Due to

Other Conditions Arteriosclerotic myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schnuter M.D. M. D.
Address 6 S. Fulton Ave. Date signed

V8 3

F 78164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 78164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 McHenry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 McHenry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 3

3 (a) FULL NAME EDITH MANKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-9519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1880

8. AGE: Years	Months	Days	If less than one day
61		9 7	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Nolan's Restaurant

FATHER
12. Name John P. Menke
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Catherine B. Nap
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Ella O. Ross (sister)
(b) Address 2552 W. Pratt St.

17 (a) Burial (b) Date thereof 3-5-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetary
Location

18 (a) Funeral director Harry W. Kirkpatrick
(b) Address 401 Edmondson Ave

19 (a) MAR 4 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 9 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration one hr.

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 3-1-41

VS 6

F 78165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-W

Registered No. F 78165

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1443 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 1443 N. Bond Street
(If rural give location)
(f) If foreign born, how long in U. S. A.? 40 Years years

3 (a) FULL NAME Frank Cimino

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine Cimino
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1887

8. AGE: Years	Months	Days	If less than one day
54	--	10 8	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business Own business

FATHER
12. Name Salvatore Cimino
13. Birthplace Italy

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Italy

16 (a) Informant Salvatore Cimino (Son)
(b) Address 1801 N. Dallas Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) MAR 4 - 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd., 1941, at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941 to 3-2 1941, and that I last saw h[illegible] alive on 3-2-1941.

Immediate cause of death Heart Hypertrophy & decompensation — Duration, Probably 6 mos - 1 yr

Due to Unresolved Pneumonia

Due to Influenza Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Demarest M. D.
Address [illegible] Date signed 3-3-41

78166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 78166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Rutland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE T BRYSON (Theresa B. Bryson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Alexander Bryson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
86			hr. min

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Clautice
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Barbara Kaulefus
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road

18 (a) Funeral director Henry Stoecker Sons Inc
(b) Address 1301 E. Eager Street

19 MAR 4 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 9 00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to Fracture of left femur	
Other Conditions Osteitis deformans Paget's disease (bone) (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 19, 1938
(c) Where did injury occur? 719 Rutland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury tripped on rug & fell

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-3-41

F 78167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 Harvest Road
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Harvest Road (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William Hartzog Vickers

3 (b) If veteran, name war Capt Md. Nat'l G. | 3 (c) Social Security Account No. 212-05-6727

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Estelle E. Vickers
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 10 1884

8. AGE: Years 56 | Months 3 | Days 21 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Personnel Mgr Gas & 11. Industry or business Electric Company

FATHER 12. Name William Hartzog
13. Birthplace Balto.

MOTHER 14. Maiden Name Clara V. Hartzog
15. Birthplace Cockeysville Md.

16 (a) Informant Mr. W. S. Vickers Jr. (son)
(b) Address 2 Harvest Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W North Ave.

MAR 4 - 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 6:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from ——— 19 ___, to ——— 19 ___, and that I last saw ~~him~~ alive on March 3 1941.

Immediate cause of death Cerebral Hemorrhage — Duration Undetermined

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature L. W. Saunders M. D.
Address 39 W. Lexington St Date signed 3/3/41

Huntington Williamsville, Md

F 78168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 78168 Registered No.

- PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druid Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 4826 Roland Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 94 Ballomd (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Sophia D. Schultz

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec-11-1868

8. AGE: Years 72 | Months 2 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Alex. H. Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Marie E. Trauser
15. Birthplace Germany

16 (a) Informant The Misses Schultz (sisters)
(b) Address 4826 Roland Ave

17 (a) burial (b) Date thereof 3-6-41 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (b. f. Hooper Sec.) 700 W. North Avenue

MAR 4 1941 (b) Huntington Whitmore Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1-41 19... to 3-3-41 19... and that I last saw h[illegible] alive on 3-3-1941.

Immediate cause of death Pulmonary embolism. — Duration

Due to post-operative following colostomy

Due to abdominal wall dehiscence

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colon-vesical fistula abdominal wall.
Of autopsy Pulmonary embolism

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pearre Thacumbin M. D.
Address Univ. Hosp. Date signed 3-3-41

E 78169

Kursch

BALTIMORE CITY HEALTH DEPARTMENT 46-B

CERTIFICATE OF DEATH

Registered No. E 78169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 S. Castle St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 S. Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John M. Kursch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Angela
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 25, 1865

8. AGE: Years	Months	Days	If less than one day
75	10	7	hr. min.

9. Birthplace Towson, Maryland (Town, county, and state)
10. Usual Occupation Pensioned City water Dept.
11. Industry or business City

FATHER
12. Name Michael
13. Birthplace ?

MOTHER
14. Maiden Name Anna
15. Birthplace ?

16 (a) Informant Angela Kursch
(b) Address 32 S. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4400 Belair Rd.

18 (a) Funeral director Martin W. E. Dippel & Son
(b) Address Lombard & Ann Sts.

19 (a) MAR 4 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1st 1941 to Mar 2 1941, and that I last saw h— alive on Mar 1 1941.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to	
Due to	
Other Conditions Carcinoma of Stomach (Include pregnancy within 3 months of death)	2

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E N Meyer 2
Address 15 N Eden Date signed 3/4/41 M.D.

HABERCAM

78170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. E 78170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as it is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St + Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B Habercam

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-05-0983

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Gertrude Habercam

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.) Aug 21-1911

8. AGE: Years 29 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name John A. Habercam
13. Birthplace Balto

MOTHER
14. Maiden Name Gertrude Bathow
15. Birthplace Balto

16 (a) Informant Mrs. Gertrude Habercam
(b) Address 2003 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. B. Bryan & Son
(b) Address 118 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Huntington Nillinger, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941 at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941. to March 2 1941.
and that I last saw h in alive on March 2 1941.

Immediate cause of death Paralysis of Heart (contrp.)

Due to Appendicitis + Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendectomy (Acute)
Of autopsy None

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed March 2 1941

78171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 78171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dgr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES G. DURKIN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-01-1934

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C. Durkin
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Dec 9-1884

8. AGE: Years 56 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Askin Bros

FATHER
12. Name Patrick Durkin
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget
15. Birthplace Ireland

16 (a) Informant Mrs Mary B. Durkin
(b) Address 427 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. H. Grace & Sons Inc.
(b) Address 118 W. Mt Royal ave

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1941, at 9:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
And Medical Examiner.
Date signed 3-1-41

VS 6

78172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 78172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Chestnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Chestnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Charles Ernest Patchell.

3 (b) If veteran, name war: World War.

3 (c) Social Security Account No. 214-03-3164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Edith L. Patchell.
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	12	hr. min.

9. Birthplace New Castle, Pa.
(Town, county, and state)
10. Usual Occupation Iron molder.
11. Industry or business

FATHER
12. Name Wm. M. Patchell.
13. Birthplace Pa.

MOTHER
14. Maiden Name Jennie B. Hopewood.
15. Birthplace Ohio.

16 (a) Informant Edith L. Patchell.
(b) Address 3601 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 1941 (month) (day) (year)
(c) Cemetery or crematory National.
Location Catonsville

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) Huntington Millington

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1941, at 7 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1941, to March 3 1941, and that I last saw h[illegible] alive on March 3, 1941.

Immediate cause of death	Duration
Acute Insufficiency	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jules Gilbert M. D.
Address 948 W. 36th St Date signed 3-4-41

F 78173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a ✓ Registered No. F 78173

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 343 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Willis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1889

8. AGE: Years	Months	Days	If less than one day
51	11	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business

FATHER 12. Name Jack Willis
FATHER 13. Birthplace Va

MOTHER 14. Maiden Name Maria
MOTHER 15. Birthplace

16 (a) Informant Carrie Willis
(b) Address 343 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph C. Lockard
(b) Address 1304 N. Central Ave.

19 (a) MAR 4 — 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1941 to 3/2 1941, and that I last saw him alive on 3/1 1941.

Immediate cause of death Coronary Thrombosis — Duration 4 days
Due to Arteriosclerosis
Due to
Other Conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Arteriosclerosis of orifice of R. Coronary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1429 Eutaw Pl. Date signed 3/3/41

VS 3

F 78174 63577 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 ✓ Registered No. E 78174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 A Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Skinner, Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-5360

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 23, 1875

8. AGE: Years: 65 | Months: 11 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual Occupation: Stevedore

11. Industry or business: Merchants and Miners Line

FATHER
12. Name: Alfred
13. Birthplace: Va.

MOTHER
14. Maiden Name: Lizzie Walteon
15. Birthplace: ?

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/6/41 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem. Location: A A Co Md

18 (a) Funeral director: Robert F Williams
(b) Address: 1515 Mc Cleary A

19 (a) MAR 4 — 1941 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-2 1941, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1941, to 3-2 1941, and that I last saw him alive on 3-2 1941.

Immediate cause of death: Squamous cell carcinoma of scalp & metastases — Duration: 1 yr

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Sidney R Schulof Jr.

Address: Baltimore City Hosp. Date signed: 3/3/41

VS 3

F 78175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 78175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Provident
(b) Street address 1514 Division, Hospital
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 - Bradley Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Hooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	col	married

6 (b) Name of husband or wife Lee Hooks
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) aug 25 - 1907

8. AGE: Years	Months	Days	If less than one day
33	6	57	hr. min.

9. Birthplace n. c. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Daniel Montgomery
13. Birthplace N. C.

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Lee Hooks
(b) Address 729 Bradley av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 6 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William G. Jackson
(b) Address 916 Pennsylvania ave

MAR 4 — 1941 (Date rec'd by registrar) (b) Huntington Williams, Reg't.
Huntington Williams, Reg't.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2- 1941, at 7 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1941 to 3-2- 1941, and that I last saw h[illegible] alive on 3-2- 1941.

Immediate cause of death: Carcinoma of Cervix & Metastasis — Duration: 4 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Jackson
Address 600 N Arlington ave Date signed 3/4/41

78176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

E 78176 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Dover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Dover st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OLIE J. STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-1939

8. AGE: Years	Months	Days	If less than one day
2	3	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Otis Stewart
13. Birthplace Md.

MOTHER 14. Maiden Name Eva Richards
15. Birthplace Md

16 (a) Informant Eva Stewart
(b) Address 707 Dover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Milligan & Jackson
(b) Address 916 Pennsylvania ave.

MAR 4-1941 (Date rec'd by Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular
Duration 1 week
Due to Influenza

Due to

Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. X. Wollenweber M.D.
Medical Examiner
Date signed 3-3-41

78177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ F 78177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Garrett

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Widowed

6 (b) Name of husband or wife Rena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-1871

8. AGE: Years	Months	Days	If less than one day
69	5	7	hr. min.

9. Birthplace Arbutus Md
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Hensen Garrett
13. Birthplace Md

MOTHER 14. Maiden Name Matilda ?
15. Birthplace Md

16 (a) Informant Calvin Garrett
(b) Address 901 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

MAR 4 1941 (Date received by Registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 2 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941, to March 3 1941, and that I last saw him alive on March 1 1941.

Immediate cause of death	Duration
Chronic Passive Congestion of Lungs	Chronic
Due to Cardiac Decompensation, Myocardial	
Due to Degeneration (chronic)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Franklin Phillips M. D.

Address 5 Lyndhurst Date signed 3/4/41

Howard D Malcolm M D

78178

BALTIMORE CITY HEALTH DEPARTMENT

cc 59726

CERTIFICATE OF DEATH

30 E

Registered No. E 78178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Andezek or Tomas Andzeska

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
54	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Paperhangers

11. Industry or business

FATHER
12. Name Timothy Anjski
13. Birthplace Poland

MOTHER
14. Maiden Name Paulia ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Kraftsman
Location Anne Arundle County

18 (a) Funeral director John A. Grebliunas Jr
(b) Address 4023 Eastern Ave Huntington Williams, M.D.

19 (a) [illegible] (b) Registrar

MAR 4 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 12 10/14 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3 1940 to 3-3 1941, and that I last saw h[illegible] alive on 3-2 1941.

Immediate cause of death	Duration
(a) Lobar Pneumonia, edema	1 day
Cerebral Thrombosis	1 day
Due to (b) Aortic insufficiency	?
Due to (c) Syphilis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 3-3-41

78179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220

Registered No. F 78179

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex, Baltimore Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Maryland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Margaret Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Wm R. Barber

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 24 - 1879

8. AGE: Years	Months	Days	If less than one day
62	-	8	hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Matron

11. Industry or business Essex Police Station

FATHER
12. Name Henry Butsavky
13. Birthplace Md

MOTHER
14. Maiden Name Henriette Bergen
15. Birthplace Md.

16 (a) Informant Miss Mildred Wiest
(b) Address 430 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 5 - 41 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) [illegible] 1941 Huntington Williamsport Md.

MAR 4 1941
M.V.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 2 1941, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 1 1941, to 3 - 2 1941, and that I last saw her alive on 3 - 2 1941.

Immediate cause of death Heart failure — Duration 7 days

Due to Fatty degeneration of myocardium

Due to

Other Conditions Incarcerated umbilical hernia - marked obesity.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation 2-24-41 for incarcerated umbilical hernia
Of autopsy not obtained.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. B. Kreamer M. D.
Address Redwood & Green Sts University Hospital Date signed 3 - 2 - 41

F 78180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 78180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4216 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4216 Falls Rd
(If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wallace W. Gartside

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Widower

6 (b) Name of husband or wife Nellie V. Gartside
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 21 - 1869

8. AGE: Years	Months	Days	If less than one day
71	6	11 9	hr. min.

9. Birthplace Ellicott City Md
(Town, county and state)
10. Usual Occupation Iron Moulder
11. Industry or business

FATHER
12. Name William Henry Gartside
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eliza McCalvin Armstrong
15. Birthplace Ellicott City Md.

16 (a) Informant Margaret Gartside Rafferty
(b) Address 4216 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road.

19 (a) 3 - 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2 1941, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1941, to 1941, and that I last saw him alive on 2/28 1941.

Immediate cause of death Congestive Heart Failure — Duration 1 wk.
Due to Chr. Myocarditis
Due to
Other Conditions Coronary Artery Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Flaherty M. D.
Address 2687 Wilkens Ave Date signed 3/4/41

J. 06/17.

F 78181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-3

F 78181 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Morgan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Claben Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	4	18		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation House Keeper
11. Industry or business Own Home

FATHER
12. Name Peter Kaiser
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia
15. Birthplace Binestefer

16 (a) Informant Son
(b) Address 3205 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn.
Location Colgate, Md.

18 (a) Funeral director John Uffleth
(b) Address 3200 Gilmore St.

19 (a) Mar 7 1941 (Date received by registrar) (b) Thurlington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to March 1 1941, and that I last saw her alive on March 1 1941.

Immediate cause of death	Duration
Acidosis	10 hrs
Due to Ca of Stomach	3
Due to Diabetes Mellitus.	? Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Kemmann, M.D.
Address Church Home & Inf. Date signed M/D 3/6/41

F 78182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √167

F 78182
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Somerset St (If rural give location)
(e) If foreign born, how long in U. S. A.? Rural F-17335 years

3 (a) FULL NAME ELSIE CALDWELL OR THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1940

8. AGE: Years | Months 4 | Days 2329 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Lee Thomas

13. Birthplace Richmond, Virginia

MOTHER 14. Maiden Name Frances Dotes

15. Birthplace Henderson, N. C.

16 (a) Informant Frances Caldwell

(b) Address 909 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery cemy

Location Brooklyn A. A. Co Md

18 (a) Funeral director Bryson & Mamie K. Knight

(b) Address 1218 Fore & Elderry St Huntingtown Williamsport, Md

19 (d) MAR 5 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of brain	
Due to Stabbing - stab wound of head	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 3 1941
(c) Where did injury occur? 909 Somerset St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Stab wound - stabbed during argument

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-4-41

VS 6

F 78183

cc 57846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-8 Registered No. F 78183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Warner Street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lucy Allsup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1880 ?

8. AGE: Years	Months	Days	If less than one day
? 60	11 9	3 4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name James Caldwell

13. Birthplace ?

MOTHER

14. Maiden Name Rachel ?

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 8 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941, at 8 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1940 to 3-1 1941, and that I last saw her alive on 2-28 1941.

Immediate cause of death	Duration
Pulmonary tbc.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp Date signed 3-7-41

F 78184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 78184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Jenkins st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Jenkins alley (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1887

8. AGE: Years	Months	Days	If less than one day
54		14	hr. min.

9. Birthplace maryland (Town, county and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name James Deeden
13. Birthplace md

MOTHER
14. Maiden Name Frances ?
15. Birthplace md.

16 (a) Informant Wm. Thomas
(b) Address 1025 Jenkins st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)
(c) Cemetery or crematory Md Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 3 1941 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5-41 19 , at 1:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941, to Mar 5 1941, and that I last saw her alive on March 4 1941.

Immediate cause of death Cerebral Hemorrhage — Duration Feb 27/41

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pelletan M. D.
Address 817 Hamilton Ave Date signed

VS 3

78185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V92-B

F 78185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2328 Penn ave
(b) Street address Balto Md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Penna ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janie Cotton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col	married

6 (b) Name of husband or wife Wisconsin Cotton
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace North Carolina (town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name ~~Hoathan~~ Billy Steele
13. Birthplace ~~Hoathan~~ N. Carolina

MOTHER
14. Maiden Name ~~Unknown~~
15. Birthplace North Carolina

16 (a) Informant Wisconsin ~~Cotton~~
(b) Address 2328 Penn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5-1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location Arbutus

18 (a) Funeral director Vic Crooks
(b) Address 1463 McCulloh St

19 (a) 1892 (Date) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1-41 19 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to May 1 1941 and that I last saw h alive on 19

Immediate cause of death Cardiac Dilatation + Bronchial asthma — Duration 6 da
Due to Uterine Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address 1312 Stricker Date signed 3/4/41

V8 3

F 78186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 78186

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 W. Cold Spring Lane

(c) Hospital or institution: Hoffman Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 643 S. Linwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jan Chelchowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/24/1866

8. AGE: Years	Months	Days	If less than one day
74	8	10	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business —

FATHER 12. Name Ignatius

FATHER 13. Birthplace —

MOTHER 14. Maiden Name ?

MOTHER 15. Birthplace ?

16 (a) Informant Edward Kelly

(b) Address 509 Rappalla St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location German Hill Rd.

18 (a) Funeral director Martin W. E. Dippel's Sons

(b) Address Lombard & Ann Sts

19 (a) (Date received by registrar) (b) Registrar

MAR 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1941, to March 4 1941, and that I last saw him alive on March 3 1941.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. H. Puttermann M.D.

Address 2324 Reisterstown Rd. Date signed 3/4/41

F 78187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 89-3

F 78187
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Miller

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary 6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): FEB 1888

8. AGE: Years: 53 | Months: 1 | Days: | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: W. P. A.

11. Industry or business:

FATHER
12. Name: Henry
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Henrietta
15. Birthplace: Balto.

16 (a) Informant: Mary Miller
(b) Address: 121 N. Ann JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4400 Blk. Belair Rd.

18 (a) Funeral director: Martin W. E. Oppel Sons
(b) Address: Lombard & Ann Sts.

19 (a) Huntington Williams, M.D. (Registrar)
(Date received) MAR 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAR 1 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1941, to Mar. 1 1941, and that I last saw him alive on Mar. 1 1941.

Immediate cause of death: Meningitis — Duration: 1 day

Due to: Lateral Sinus Thrombosis, Rt. — Duration: 1-2 days

Due to: Petrositis, mastoiditis — Duration: 4-6 days

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Acute meningitis. Petrositis and lateral sinus thrombosis, right.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hilbert Klein

Address: Johns Hopkins Hospital Date signed: 3/7/41 M. D.

F 78188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78188

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S. CALHOUN ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. CALHOUN ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CATHERINE HANRAHAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC 19-1870

8. AGE: Years	Months	Days	If less than one day
70	2	13	hr. min.

9. Birthplace BALTIMORE Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name MICHAEL HANRAHAN
13. Birthplace IRELAND

MOTHER 14. Maiden Name ANN CULLEN
15. Birthplace IRELAND

16 (a) Informant MARY HANRAHAN
(b) Address 109 S. CALHOUN ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Rott C & B. M. Walters
(b) Address Pratt & Stricker Sts
(c) — C MAR 7 1941 Huntington Williams, Md
(Date rec'd by registrar) Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941, to Mar 3 1941, and that I last saw her alive on Mar 3 1940.

Immediate cause of death	Duration
Mitral Insufficiency	?
Due to Cerebral Haemorrhage Left	?
Due to Artero sclerosis	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. P. Ross King M. D.
Address 1826 W Lombard St Date signed 3/4/1941

VE 2

F 78189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

F 78189

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 88 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 South Road, Mt. Wash.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Charles Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Ann McGrath
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 22, 1852

8. AGE: Years	Months	Days	If less than one day
88	8	12	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Henry Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Otto
15. Birthplace Germany

16 (a) Informant Miss Florence Wagner
(b) Address 1903 South Road, Mt. Wash.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/7/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

19 (a) MAR 5- 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1941, to March 4 1941, and that I last saw him alive on March 2 1941.

Immediate cause of death	Duration
Senility -	
Due to Arteriosclerosis	14 yrs +
Due to Cyst	
Other Conditions Bronchitis Asthma Diaphragmatic Hernia	14 yrs. + 14 yrs. +

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Corman M. D.
Address 113 W. Monument Date signed March 4-41

F 78190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 78190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 S. Ellwood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S Ellwood Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY H KINSTLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1889

8. AGE: Years 51 | Months 5 | Days 15/3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Richard Kinstler

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Compton

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Henry Kafer

(b) Address 732 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Avenue

18 (a) Funeral director Edward F. Hoffman

(b) Address 1639 Broadway Thanking for Williams, Md.

19 (a) MAR 5 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4, 1941, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar bilateral — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 3-4-41

VS 6

F 78191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolph Stoll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1879

8. AGE: Years	Months	Days	If less than one day
62		25	hr. min.

9. Birthplace Czechoslovackia (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Antonin Stoll
13. Birthplace Czechoslovackia

MOTHER
14. Maiden Name Not Known
15. Birthplace Czech. (?)

16 (a) Informant Mrs. Francis Mares
(b) Address 723 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore, Md.

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St.

19 (a) MAR 5 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, base of skull — Duration

Due to: Subdural hemorrhage

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/3/41 7-2
(c) Where did injury occur? 723 N. Milton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fall down stairs

23. Signature W. W. Vanderkraft M.D. Medical Examiner.

Date signed 3/5/41

VS 6

53396-FD

F 78192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78192

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 2 mos. 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 817 E. Pratt St. (If rural give location)

(e) Citizen of foreign country? none (Yes or No)

If yes, name country

3 (a) FULL NAME Frank Novak

3 (b) If veteran, name war

3 (c) Social Security Account No. 229-03-3869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) M-15-1886

8. AGE: Years	Months	Days	If less than one day
54	3	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Joseph Novak

13. Birthplace Austria

MOTHER

14. Maiden Name Barbara

15. Birthplace Austria

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Leonard Rusk

18 (a) Funeral director

(b) Address 5305 Belair Rd.

19 (a) MAR 5 1941 (Date received by registrar) (b) Hunting to Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1940, to 3-3 1941, and that I last saw him alive on 3-3 1941

Immediate cause of death	Duration
Lobar pneumonia	?
Due to Pseudobulbar palsy	?
Due to Hypertension C.V.D.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy No above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rabbitt M. D.

Address Balto. City Hosp. Date signed 3-4-41

F 78193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 78193
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 172 W. Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** ABRAHAM FULTON Birth F 2135

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/23/40

8. AGE: Years | Months 2 mo | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Abraham Fulton
13. Birthplace N. C.

MOTHER 14. Maiden Name Sarah Luzone
15. Birthplace N. Carolina

16 (a) Informant Abraham Fulton
(b) Address 172 W. Cross St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 6 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Balto.

18 (a) Funeral director Walter B. Sprigg
(b) Address 34 W. Hamburg St.

19 (a) MAR 5 1941 (Date) (b) By registrar Huntington Hollingsworth

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1941, to 3-4 1941 and that I last saw him alive on 3-4 1941.

Immediate cause of death Foetal atelectasis & prematurity — Duration 2 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Harris M. D.
Address Univ. Hosp. Date signed 3-4-41

VS 3

F 78194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-a

F 78194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 W. Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 W. Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23-1

3 (a) FULL NAME Ida Patterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Married

6 (b) Name of husband or wife John Patterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1885

8. AGE: Years	Months	Days	If less than one day
55	8	7	hr. min.

9. Birthplace Balto Md.
(Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Sutton Spriggs
13. Birthplace Calvert Co Maryland

MOTHER
14. Maiden Name Mary Lawrence
15. Birthplace Eastern Shore Md.

16 (a) Informant Walter B. Spriggs
(b) Address 139 W. Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 (month) 9 (day) 1941 (year)
(c) Cemetery or crematory Ft Calvary.
Location Balto
Walter B. Spriggs

18 (a) Funeral director
(b) Address 139 W. Hamburg St Baltimore, Md.

19 (a) MAR 5 - 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941. at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941. to Mar 2 1941. and that I last saw her alive on Mar 2 1941.

Immediate cause of death	Duration
(a) Bronchopneumonia	5 wks
Due to Influenza	
Due to	
Other Conditions Acute Myocarditis	2 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Lawrence M. D.
Address 615 N. Carey Date signed 3/5/41

VS 3

F 78195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 176

F 78195
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Solley (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER BROWN

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-07-7084

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lennie Brown
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 2, 1889

8. AGE: Years 51 | Months 42 | Days 8 | If less than one day ... hr. ... min. 2

9. Birthplace Solley, Anne Arundel Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Davison Chem. Co.

FATHER
12. Name James Brown
13. Birthplace Maryland (Anne Arundel Co.)

MOTHER
14. Maiden Name ? Howard
15. Birthplace A.A. Co. Maryland

16 (a) Informant Lennie Brown
(b) Address Solley, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)
(c) Cemetery or crematory Marley Neck Cem
Location A A Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 106 W Montgomery St

19 (a) Rec'd by registrar MAR 5 1941 (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 41, at 3 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock, traumatic — Duration:
Due to Contusions, multiple left side of face and body
Due to
Other Conditions Cerebral edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 4, 1941 25-5
(c) Where did injury occur? Davison Chem. Co. Curtis Bay (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Crushed in machine belt

23. Signature H. L. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 3-4-41

F 78196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 78196
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Warner St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Cuffie SS 212-12-6932

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-12-69?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Carrie Cuffie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Carrie Cuffie
(b) Address 903 Warner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Isaiah L. Dunn & Son
(b) Address 108 N Montgomery St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MAR 5 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1941 at 12 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Mar 3 1941, and that I last saw h[illegible] alive on Mar 2 1941.

Immediate cause of death	Duration
[illegible]	
Due to Intestinal Nephritis	about 1 mo
Due to Arterial Hypertension	
Other Conditions Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D H Cassell M. D.
Address 665 W Balto Date signed 3/4/41

F 78197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME WILLIAM J BLAKE

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1882

8. AGE: Years	Months	Days	If less than one day
58	10	25	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Baltimore Mechanical Mfg

FATHER 12. Name James W. Blake
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Annie J. Mullen
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Walter Blake (Daughter)
(b) Address 3307 Lerch Drive City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edgar W. Conklin Son
(b) Address 924 E Eager St.

19 (a) (Date rec'd by registrar) Thornton Williams, M.D. Registrar

1941 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation — Duration
Due to Conflagration, House afire
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 4, 1941 10 A
Where did injury occur? 1113 Valley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury house afire cause

23. Signature H. L. Wollenweber Asst. Medical Examiner M.D.
Date signed 3-4-41

pending investigation

78198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days) Life 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Valley St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANN T. BLAKE

3 (b) If veteran, name war: Nev
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: James B. Blake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1881

8. AGE: Years 59 | Months 3 | Days 14/8 | If less than one day: hr. min.

9. Birthplace: England Baltimore Md (Town, county, and state)

10. Usual Occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: John Monahan
13. Birthplace: England

MOTHER
14. Maiden Name: Sarah Longsdale
15. Birthplace: England

16 (a) Informant: Mr. Walter Blake (Son)
(b) Address: 3307 Leech Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7. 1941 (month) (day) (year)
(c) Cemetery or crematory: Jews Cathedral Cemetery
Location: 4300 Old Frederick Rd

18 (a) Funeral director: Edwin O. Conklin, Son
(b) Address: 924 E Eager St

(a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1941, at 3 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Suffocation — Duration
Due to: Conflagration, house afire.
Due to:
Other Conditions: Burns, 1st degree, face + body.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: March 4, 1941
(c) Where did injury occur? 1113 Valley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: burns afire, caused
23. Signature: H. E. Wallenborn M.D.
Medical Examiner.
Date signed 3-4-41

Rendering house + body

F 78199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 78199 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address No.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES B. BLAKE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ann J. Blake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1879

8. AGE: Years 61 | Months 2 | Days 20 | If less than one day hr. 23 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation City Comptroller

11. Industry or business Edward Balto Md

FATHER
12. Name James W. Blake
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie J. Mullen
15. Birthplace Baltimore Md

16 (a) Informant Mr Walter Blake (Son)
(b) Address 3307 Leech Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 430 Old Frederick Rd

18 (a) Funeral director Edward W. Conklin Sons
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Registrar

V3 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1941, at 3 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Suffocation — Duration:
Due to: Conflagration, house of fire
Due to:
Other Conditions: Burns, 1st degree
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 4, 1941 11 A.M.
Where did injury occur? 1113 Valley St (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(c) Means of injury House of fire, Carbon Monoxide

23. Signature H. L. W. Gelenwalter M.D.
Medical Examiner.
Date signed 3-4-41

pending investigation

F 78200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 78200
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 HOMEWOOD AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

D-1

3 (a) FULL NAME MRS CATHERINE COOKHAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	F	MARRIED

6 (b) Name of husband or wife Wm. J. Coolahan
6 (c) If dive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1862

8. AGE: Years	Months	Days	If less than one day
58	2	8/10	hr. ..... min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at Home

FATHER
12. Name John McGee
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Gallagher
15. Birthplace Enefords

16 (a) Informant Mr. Wm. J. Coolahan
(b) Address 1124 Homewood Ave.

17 (a) Burial (b) Date thereof Mar. 6, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Cookham & Son
(b) Address 924 E. Fayer St.

19 (a) ..... Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1941, at 12:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1941, to 3-3 1941, and that I last saw her alive on 3-3 1941.

Immediate cause of death	Duration
Bronchopneumonia	5 days.
Due to Hypertensive C-V Disease	
Due to	
Other Conditions Diabetes Mellitus	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Hopkins M. D.
Address 1. Hopkins Hosp. Date signed 3/3/41

Dr Leary

Please write plainly, with ONE ENTRY IN A BOX. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 467

F 78201
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Eastern Avenue
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2817 Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Thomas J. Nugent

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Honora Nugent
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1850

8. AGE: Years	Months	Days	If less than one day
90	2	14/15	hr. min.

9. Birthplace New Orleans
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Water dept. City.

FATHER
12. Name John Nugent
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Day
15. Birthplace Baltimore

16 (a) Informant Mrs Honora Nugent
(b) Address 2817 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1941 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cem
Location 5510 Harford Road

18 (a) Funeral director John J Cowan & Son
(b) Address 2900 Eastern Ave

19 (a) MAR 5 1941 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1941, at 4:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1941, to March 4 1941, and that I last saw him alive on March 3 1941.

Immediate cause of death	Duration
Carcinoma of Rectum	
Due to Myocardial Insufficiency	
Due to Arterio Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Simmons

Address 2809 Eastern Ave Date signed 3/7/41

VS 3

F 78202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 78202 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3223 Montebello Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Montebello Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARCHIBALD WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 27, 1869

8. AGE: Years 71 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Internal Revenue Agent

11. Industry or business: U. S. Government

FATHER
12. Name: Archibald Wilson
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Jane Ritchie
15. Birthplace: Pa.

16 (a) Informant: Mrs. Louise Wilson
(b) Address: 3223 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1941 (month) (day) (year)
(c) Cemetery or crematory: DRuid Ridge Cem.
Location: Balto., Md.

18 (a) Funeral director: Lasseter Funeral Home
(b) Address: 7401 Belair Road

19 (a) Mar 6 1941 (b) [illegible] (Date received by Registrar)

MAH

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd, 1941, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1941, to Mar 3 1941, and that I last saw [illegible] alive on Mar 1 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week

Due to: Uremia Poisoning — 2 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. L. Gray, M.D.
Address: 6 W. Mt. Vernon Pl. Date signed: 3/5/41

F 78203

78203 cc 64131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frances Long.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1887.

8. AGE: Years	Months	Days	If less than one day
53 53	10	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Marcelles Boyd
13. Birthplace Md.

MOTHER
14. Maiden Name Mary North
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto City

18 (a) Funeral director C. Rowland Evans
(b) Address 1400-02 Arlington Ave

19 (a) (Date rec'd by registrar) MAR 5 - 1941 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 6 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941, to 3-5 1941, and that I last saw her alive on 3-4 1941.

Immediate cause of death Cardiac failure — Duration 13 hrs.
Due to Mitral stenosis — 2 days
Due to Rheumatic H. dis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 3-5-41

F 78204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 78204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Pine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N Pine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Queenie Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6436

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/24/1918

8. AGE: Years	Months	Days	If less than one day
23 22	1	8	hr. min.

9. Birthplace Calvert Co Md.
(Town, county, and state)

10. Usual Occupation Working in Rag Shop.

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Lula Anderson Foster Mother
(b) Address 308 N. Pine St.

17 (a) Burial (b) Date thereof Mar 7, 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder (b) Huntington Williams, Jr.

MAR 5 - 1941
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1941, at 10:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration 9 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G Kefauver M.D.
Medical Examiner.
Date signed 3/3/41

F 78205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-3

F 78205

Registered No.

63997 DH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 703 Penna Ave

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME

Macie Hudnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
f	C	sep.

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
53?			hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1941. at 3 48 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1941, to 3-1 1941, and that I last saw her alive on 3-1 1941.

Immediate cause of death

Acute Mastoiditis

Pneumococcus Meningitis

Due to Otitis Purulenta Sinistra

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

1 wk

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Henry T. Ryder M. D.

Address Balto. City Hosp. Date signed 3-2-41

F 78206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel C. Wallace

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1903

8. AGE: Years	Months	Days	If less than one day
37	11	-	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name William Wallace
13. Birthplace Md

MOTHER
14. Maiden Name Katie Brouner
15. Birthplace Elkridge, Md

16 (a) Informant Katie Wallace
(b) Address 1210 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Sylvester St

19 (a) (Date rec'd by registrar) (b) Mrs Katie R Williams, Md Registrar

MAR 5 1941

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/-1 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1941 to 3/1 1941. and that I last saw him alive on 2/28 1941.

Immediate cause of death
Peritonitis Acute

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Hatcher M. D.
Address 1 W Pr St Date signed 3/4/41

78207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 78207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE W. SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary C. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 - 1873

8. AGE: Years 67 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired Lineman

11. Industry or business

FATHER 12. Name Jacob Smith
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Eliza Ingram
MOTHER 15. Birthplace Md.

16 (a) Informant Mrs. Mary C. Smith
(b) Address 2828 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 6 - 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Eutaw Pick Ave

19 (a) MAR 5 - 1941 (Date filed) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 1:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-3-41

VS 6

78208

MAR 5 - 1941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78208

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette + Calhoun Sts.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1811 Riggs Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Kroneberger

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	217-03-7296

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth L. Kroneberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1886

8. AGE: Years	Months	Days	If less than one day
60	3	20	hr. min.

9. Birthplace Danville - Va (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Richmond Cab Co

FATHER 12. Name Wm H. Kroneberger

13. Birthplace Petersburg Va

MOTHER 14. Maiden Name Martha Jarvis

15. Birthplace Petersburg - Va

16 (a) Informant Mrs Elizabeth L. Kroneberger

(b) Address 1811 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Baltimore Md

18 (a) Funeral director Wm Fechner Sons

(b) Address North & Fa Aves

19 (a) MAR 5 - 1941 (Date rec'd by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1941, at 8 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4/1941, to 3/4/1941, and that I last saw h.im alive on 3/4/1941.

Immediate cause of death Cardiac Insufficiency

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Lobar pneumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Oscar Hartman, M. D.

Address Franklin Square Hosp Date signed 3/4/41 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-D Registered No. F 78209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Madeira St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Wyaroke Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. HARRIETT E. Hullett

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Arthur J. Hullett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 13, 1915
8. AGE: Years 35 Months 4 Days 21 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Eugene L. Price
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elza May Todd
15. Birthplace Whaling, W. Va.

16 (a) Informant Mr. Arthur J. Hullett
(b) Address 511 Wyaroke Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem. Location Woodlawn Md.
18 (a) Funeral director Thos. J. Pickus & Sons
(b) Address North Ave. & Pulaski Hwy. Registrar

MAR 5 - 1941 (Date rec'd by registrar)

MEDICAL CERTIFICATION

28. DATE OF DEATH March 4, 1941, at 7:24 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1941 to Mar 4, 1941. and that I last saw h CR alive on MAR. 4, 1941.

	Duration
Immediate cause of death: Intestinal Obstruction	
Due to: Postoperative adhesions	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Postoperative adhesions.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 3/7/41

VS 3

F 78210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 78210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 E. Preston Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 E. Preston Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-1

3 (a) FULL NAME CHARLES JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret J. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1867

8. AGE: Years	Months	Days	If less than one day
73	10	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Tobacco

FATHER
12. Name George Johnson
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Sarah I. Thomas
15. Birthplace Abington, Maryland

16 (a) Informant Mrs. Margaret J. Johnson
(b) Address 1103 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Avenues

19 MAR 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1941 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1941, to MAR. 3 1941, and that I last saw h[illegible] alive on MAR. 3 1941.

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular Renal Disease.	7
Due to	
Due to	
Other Conditions Cerebral Thrombosis (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 204 E. Preston St Date signed 3/4/41

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information required is especially important.

F 78211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 78211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5306 York Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank John Berlinicke

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-09-9960

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Estella May Berlinicke
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 15 1879

8. AGE: Years 61 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Bartlett Hayward Co

FATHER
12. Name Henry Berlinicke
13. Birthplace Poland Germany

MOTHER
14. Maiden Name Catherine Wolah
15. Birthplace Poland

16 (a) Informant Frank John Berlinicke Jr
(b) Address 5306 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto Md

18 (a) Funeral director J. McCabe
(b) Address 1217 E. Pratt St

19 (a) MAR 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941 to March 4 1941 and that I last saw h[im] alive on March 4 1941.

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Diverticulitis, Perforated	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death.)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed 3-4-41

VS 3

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 78212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 78212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 N Bolton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Robinson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 74 | Months 73 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name Joseph B Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Summers
15. Birthplace Md

16 (a) Informant E. Coyle (Nephew) Edwin Lake
(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (month) (day) (year)
(c) Cemetery or crematory Cumberland
Location Cumberland Md

18 (a) Funeral director The Co
(b) Address 3944 Pont St

19 MAR 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1941 to Mar 5 1941, and that I last saw h alive on Mar 4 1941.

Immediate cause of death	Duration
Hypostatic Congestion	about 24 hrs
Due to Bronchio Pneumonia	about 4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none.
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Lebrole Ewalt
Address 2945 St. Paul St Date signed 3/5/41

F 78213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78213 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 2304 Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. Anderson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Maude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business Walters Art Gallery

FATHER
12. Name Clifford Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Connor
15. Birthplace Mississippi

16 (a) Informant J. C. Edwards
(b) Address 2304 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location London Park Baltimore Md

18 (a) Funeral director Wallace Cook
(b) Address 1912 Pennsylvania Ave

19 (a) MAR 5 - 1941 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Randall Swift M.D. Medical Examiner
Date signed 3/5/1941

VS 6

F 78214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

F 78214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 Sargent st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Sargent st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Gehringer

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~ Leopold Gehringer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd 1873

8. AGE: Years 67 | Months 10 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John Hulz
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Giffin
15. Birthplace Md.

16 (a) Informant Sadie Bell
(b) Address 1331 Sargent st

17 (a) Burial (b) Date thereof 3-5-41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1227 E. Fayette st

19 (a) MAR 5 - 1941 (b) Hunting for Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1941, at 5:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1941 to 3-3-1941, and that I last saw her alive on 3-3-1941.

Immediate cause of death	Duration
Acute Pulmonary Edema.	
Hypostatic Pneumonia	
Due to Carcinoma of Pancreas.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J Gross M. D.
Address 926 Washington Ave Date signed 3/3/41

VS 3

F 78215 ✓ F 78215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 E. Hoffman St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Lilburn

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Allen Lilburn
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 16 1896

8. AGE: Years	Months	Days	If less than one day
45	0	18	..... hr. ..... min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Johann Baumkotz
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Baatock
15. Birthplace Austria

16 (a) Informant Allen Lilburn
(b) Address 2523 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1355 St Paul St for Williams

19 (a) MAR 5 - 1941 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-41 19..., at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25-41 19..., to 3-4-41 19..., and that I last saw her alive on 3-4-41 19...

Immediate cause of death	Duration
Liposiosarcoma of Sigma & Left parietal lobe	Jan 19 41?
Due to Pyaemia	
Due to	
Other Conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature Martin Rhode M. D.
Address University Hosp Date signed 3-5-41

VS 3

F 78216 Barnett W. Quiggins ✓ F 78216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 Calvert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barnett W. Quiggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1900

8. AGE: Years	Months	Days	If less than one day
40	5	24	hr. min.

9. Birthplace Caneyville, Kentucky (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Social Security

FATHER 12. Name Earl Quiggins

13. Birthplace Kentucky

MOTHER 14. Maiden Name Julia Dotson

15. Birthplace Kentucky

16 (a) Informant Marie Quiggins

(b) Address 2219 N Calvert St.

17 (a) Removal (b) Date thereof 3/6/41 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilson & Son

(b) Address 1211 E. Lanvale St

19 (a) MAR 5 - 1941 (b) [illegible] (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941 at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hodgkins Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Wurdeman M.D. Medical Examiner.

Date signed 3/5/41

VS 6

78217 Beers ✓ F 78217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Aves
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 15 years

3 (a) Full name Walter W. Beers

3 (b) If veteran, name war —

3 (c) Social Security Account No. NAE

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie F. Beers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 1876

8. AGE: Years 66 Months 3 Days 13 If less than one day hr. 87 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Balto City

MOTHER / FATHER

12. Name Wm Beers

13. Birthplace Conn.

14. Maiden Name Mercy Howard

15. Birthplace Boston Mass

16 (a) Informant Anna F. Beers

(b) Address 2910 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)

(c) Cemetery London Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) MAR 5 — 1941 (Date) Registrar

Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1941, at 11:59 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1941 to 3-3 1941. and that I last saw him alive on 3-3 1941.

Immediate cause of death — Duration

Due to Hypertensive C-V-R Disease

Due to Diabetes Mellitus

Due to Brain abscess (?)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. J. Coffman M. D.

Address Md. General Hosp. Date signed 3/3/41

F 78218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-w

Registered No. F 78218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 Laurens st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 Laurens st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Randall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Hizekial Randall
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1886

8. AGE: Years	Months	Days	If less than one day
54 55	10	17	hr. min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Mandell
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Mandell
15. Birthplace Georgia

16 (a) Informant Hizekial Randell
(b) Address 630 Laurens Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director Charles H Burkett
(b) Address 33 E Lanvens st

19 (a) (Date received by registrar) 1941 Registrar Huntington Williams, M.D.

MAR 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 5 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Randell M.D.
Medical Examiner.
Date signed 3/5/41

78219

HUSSEY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78219

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Anna Hussey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875.

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Martin Hussey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Plunkett
15. Birthplace Ireland

16 (a) Informant Mrs A. O'Donnell
(b) Address 407 E 22nd St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-6 1941 (month) (day) (year)

(c) Cemetery or crematory St Mary Forane
Location —

18 (a) Funeral director Mary M Medford
(b) Address 501 E 42nd St

19 (a) MAR 5 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1941, to 3-2 1941
and that I last saw h alive on 3-2 1941.

Immediate cause of death Carcinoma of breast c metastasis to liver,
Due to rt & left scapula
& left humerus c
Due to pathological fracture
left humerus
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 13 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M D

Address 202 N. Fayette St Date signed 3-2-41

F 78220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

32 B

F 78220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 Hoyt St Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 Hoyt St Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

4

3 (a) FULL NAME MARY PINKETT

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age 1901 years

7. Birth date of deceased (mo., day, yr.) 3 - 3 - 1940

8. AGE: Years	Months	Days	If less than one day
40	-	1	hr. min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name unknown
13. Birthplace —

MOTHER 14. Maiden Name Addie ?
15. Birthplace Md

16 (a) Informant Joseph Hall.
(b) Address 929 Baltimore East

17 (a) Burial (b) Date thereof 3 - 8 - 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 MAR 5 — 1941 (b) Huntington Williams Md
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4, 1941, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Starvation (Autonomous)	
Due to Stomatitis, Vincent's	
month	
Due to	
Other Conditions Anemia	
secondary	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Wollenweber M.D.
Medical Examiner.
Date signed 3-4-41

78221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D Registered No. F 78221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Gaskins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Walter Gaskins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-1858

8. AGE: Years	Months	Days	If less than one day
82	7	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wells
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan
15. Birthplace

16 (a) Informant Mrs McIntosh
(b) Address 1132 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Parkin Ave

19 (a) Data received by registrar Hunting ton Williams M.D Registrar

MAR 5 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 5-15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ^ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Wandtke M.D. Medical Examiner.
Date signed 3/2/41

78222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78222 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 10 S. Bond St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 S. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. W.P.A.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mamie Brooks
(b) Address 413 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 5 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania

19 (a) MAR 5 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/5/41

7883351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. E 78223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Brayden Park Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph alias Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Virginia

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 2-5-94

8. AGE: Years 47 | Months 1 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Farming & Trans

11. Industry or business

FATHER 12. Name Joseph Clark

13. Birthplace Va

MOTHER 14. Maiden Name Cecilia Kelly

15. Birthplace Md

16 (a) Informant Rionda

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (month) (day) (year)

(c) Cemetery or crematory Norfolk Va

Location

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 (a) MAR 5 - 1941 (Date received by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1941. 2 1/2 H. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941 to 3-5 1941 and that I last saw him alive on 3-5- 1941.

Immediate cause of death: Carcinoma of Liver — Duration 2 d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Burwell

Address John Hopkins Hosp Date signed 3/5/41

VS 8

F 78224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78224
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 SOuth Wolfe St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 South Wolfe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Marcianna C. Golczynska

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband/wife: Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1863

8. AGE: Years 77 | Months 7 8 | Days 29 | If less than one day: hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Duklas
13. Birthplace Poland

MOTHER
14. Maiden Name Marcianna Kowalska
15. Birthplace Poland

16 (a) Informant Cora Golczynska (Daughter)
(b) Address 506 S. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 7 [illegible] So. Ann street

19 (a) MAR 5 - 1941 (Date rec'd by registrar) (b) Signature Lucien Williams, Jr. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 1941, at 11:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940, to May. 2 1941, and that I last saw h[illegible] alive on March 2 1941.

Immediate cause of death: CORONARY OCCLUSION — Duration 3/2/41

Due to ARTERIOSCLEROTIC, HYPERTENSIVE, CARDIO-VASCULAR DISEASE — 1937

Due to

Other Conditions RIGHT HEMIPLEGIA — 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 209 S. Chester Ste Date signed 3/2/41

78225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No. E 78225

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2114 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 E Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Poledna

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Poledna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1875

8. AGE: Years	Months	Days	If less than one day
65	6	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Ptenarcb
13. Birthplace Bohemia

MOTHER
14. Maiden Name Dorothy Kaspar
15. Birthplace Bohemia

16 (a) Informant Anna Rakasky
(b) Address 934 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Cracchiolo
(b) Address 900 N. Chester St.

19 MAR 5 - 1941 (Date rec'd by registrar) (b) Hunting for Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941 at 4.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to March 3 1941 and that I last saw h[er] alive on March 3 1941

Immediate cause of death Uraemia Coma — Duration 3-27-41
Due to Chr. Nephritis — 1927
Due to Chr. Myocarditis — 1937
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams & Ray Daniel
Address 901 N Kenwood Ave Date signed Mar 5 41

78226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 78226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 01
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Albert Moore (Born in Easton, Talbot Co., Md)
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. (S)

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 20 1940

8. AGE: Years 10 | Months | Days 12 14 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER
12. Name Mann D. Moore
13. Birthplace (F) Cambridge Md
14. Maiden Name Florence (M) Haddock
15. Birthplace Eastern Md

16 (a) Informant Mr Moses D Moore
(b) Address 1405 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7/41 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cem'y
Location Cambridge Md.

18 (a) Funeral director William M Marack
(b) Address 745 Light St

19 MAR 5 - 1941 (b) Registrar
Rec'd by registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1941. at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941. to 3-5 1941.
and that I last saw him alive on 3-5 1941.

Immediate cause of death — Duration
Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence S Cannon
Address Md. General Hospital Date signed 3/5/41

78227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 78227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Bounty Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Bounty Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry Herndon

3 (b) If veteran, name war SPANISH AMERICAN

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant William T Haywood
(b) Address 1431 Bounty Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7th 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemt.
Location Fredrick Road

18 (a) Funeral director Calvary C Wilson
(b) Address 1000 Biddle

19 MAR 5 - 1941 H. Huntington Williams Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3- 1941, at 11 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard L. Mueller M.D.
Medical Examiner.
Date signed 3-3-41

78228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 78228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Waiter.
11. Industry or business Hotel

FATHER
12. Name Hattie Johnson
13. Birthplace Prince George Co, Md

MOTHER
14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Gertrud Johnson
(b) Address 1816 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7th 1941 (month) (day) (year)
(c) Cemetery or crematory St. Peters Amt
Location

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Blanttey

MAR 5 - 1941 (Date rec'd by Registrar) (b) Registrar
Huntingtown Williams, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1941, at 1:41 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1941, to 3-4 1941, and that I last saw him alive on 3-3-1941

Immediate cause of death Bronchopneumonia + Pulmonary Edema — Duration 3 days
Due to Syphilitic C.V.D. (aortic insufficiency) — 15 days
Due to (Cardiac Hypertrophy) (class III Decompensation) — ? yrs
Other Conditions Tertiary Syphilis

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WC Livingood M. D.
Address Mercy Hospital Date signed 3-4-41

Please write plainly with pen or pencil, using ink where signature is required. Do not use typewriter supplies. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 78229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78229 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Perry E. Nicholas

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1865

8. AGE: Years	Months	Days	If less than one day
76	10	16	hr. min.

9. Birthplace Howard Co (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business U.S. Government

FATHER 12. Name James Nicholas

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary O. Richardson

MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant Emily Nicholas

(b) Address Laurel Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7, 1941 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director Dewitt Woodcock

(b) Address Laurel Md

MAR 8 — 1941 (Date rec'd by Reg'r) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1941, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4-41 19__, to 3-5-1941. and that I last saw him alive on 3-5 1941.

Immediate cause of death Lobar pneumonia.

Due to

Due to

Other Conditions Degenerative myocarditis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations Degeneration myocard

of autopsy Lobar pneumonia, Congestion of Viscera

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hope Jr. M. D.

Address St. Agnes' Hospital Date signed 3/6/41

F 78230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84-a

Registered No. F 78230

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Lancaster
(c) City or town (Rising Sun) P. O. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

over

3 (a) FULL NAME Madeline Dambell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1940

8. AGE: Years	Months	Days	If less than one day
	3	5 3	hr. 1 min.

9. Birthplace ~~Rising Sun~~ Lancaster, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Dambell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nora
15. Birthplace North Carolina

16 (a) Informant Father
(b) Address Rising Sun, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1941 (month) (day) (year)
(c) Cemetery or crematory Baptist Cem
Location Conowingo

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun, Md.

19 (a) (b)
(Date rec'd by Registrar) Registrar

MAR 5 - 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 2.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1941 to Mar. 5 1941, and that I last saw h.e alive on March 5 1941.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Meningitis	11 days
Due to: Otitis media - Pneumococcus	13 days
Other Conditions: Multiple Leucocytosis HEMANGIOMA	Life

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary L. Haylick M.D.
M. D.
Address Union Memorial Hosp. Date signed 3-5-41

F 78231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 78231

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 361 Wilkins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 361 Wilkins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 61

3 (a) FULL NAME Susan Virginia Foxwell

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Married

6 (b) Name of husband ~~or wife~~ John L. Foxwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1885

8. AGE: Years	Months	Days	If less than one day
55	4	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Peter Hy. Hindman
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Tyson Foster
15. Birthplace Kent Co. Md

16 (a) Informant John L. Foxwell (H)
(b) Address 361 Wilkins Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Meadow Ridge
Location Washington Blvd

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

MAR 5 - 1941
(Date rec'd by registrar)

Phantine Foy Williams M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 10 1/2 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Carcinoma of Stomach with metastases to liver
Due to: and it spells.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Grundy Jr M.D.
Medical Examiner.
Date signed 3/4/41

78232 OF 63842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 78232

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 E. Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Stone

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 30, 1870
8. AGE: Years 70 | Months 8 | Days 4 | If less than one day hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick Stone
13. Birthplace England

MOTHER
14. Maiden Name Eliz. Eagle
15. Birthplace England

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Fulhorn & Son
(b) Address 1211 E. Pond St
19 (a) 1941 (Date received by registrar) (b) Registrar Mrs. Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1941, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941 to 3-4 1941, and that I last saw h[illegible] alive on 3-4 1941.

Immediate cause of death [illegible] Bronchopneumonia — Duration: 1 week
Due to Intracranial aneurysm
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Fallhorn M. D.
Address Balto. City Hosp. Date signed 3-4-41

File--65293
78233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 78233
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 2das.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Fannie Friedman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1865

8. AGE: Years	Months	Days	If less than one day
75	8	0	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Herbert Foreman
13. Birthplace Russia

MOTHER
14. Maiden Name Pauline
15. Birthplace Russia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane
(a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North Ave
for Williams, Md

19 (a) 1941 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1941, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1941 to 3-5 1941, and that I last saw h alive on 3-5 1941

Immediate cause of death	Duration
Generalized arteriosclerosis	?
Arteriosclerotic gangrene rt. foot	6 wks
Due to Diabetes mellitus	?
Due to Arteriosclerotic heart disease	?
Cardiac failure	2 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3/1/41
Major findings of operation: Gangrene rt. foot
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney W. Ehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 3-5-41

F 78234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V30-G

F 78234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 E. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEROY E. COURSEY

3 (b) If veteran, name war: V
3 (c) Social Security Account No. 216-10-0361

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
40	6	16		

9. Birthplace Grasonville Md. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Thompsons Res.

FATHER
12. Name Harry Coursey
13. Birthplace Grasonville Md.

MOTHER
14. Maiden Name Millie Baxter
15. Birthplace Grasonville Md.

16 (a) Informant Mrs. Madge V. Lloyd
(b) Address 2519 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director Fred A. Ryan & Son
(b) Address 42[illegible] St. Charles St.

19 (a) MAR 6 - 1941 (Date rec'd by registrar) (b) Hunting Ton Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1941, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941 to Mar. 4 1941, and that I last saw him alive on Mar. 4, 1941.

Immediate cause of death: Cardiac Failure — Duration:
Due to Rheumatic Cardio-Vascular Disease
Due to
Other Conditions Secondary Anemia, Syphilis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Supik
Address St. Joseph's Hosp. Date signed 3/9/41

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 39295 3973 73.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V105

F 78235
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Cambridge Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Otto Michael — Birth F-08198

3 (b) If veteran, name war: No
(c) Social Security Account No.: None

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.): April 14-1940
8. AGE: Years 10 Months Days 18 If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Albert Michael
13. Birthplace: Md

MOTHER
14. Maiden Name: Arabell Bartell
15. Birthplace: Md

16 (a) Informant: Record
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 7-1941 (month) (day) (year)
(c) Cemetery or crematory: Mount Carmel
Location: Odonnell St

18 (a) Funeral director: Lilly & Zeiler (W C.)
(b) Address: 408 S. Wolfe St.

19 (a) (Date rec'd by registrar) (b) Registrar: Hunting for Williams M.D.

MEDICAL CERTIFICATION

28. DATE OF DEATH: 3-4- 1941, at 730 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1941 to 3-4- 1941 and that I last saw him alive on 3-4- 1941

Immediate cause of death: Obstructive laryngitis — Duration: 2-3 days
Due to
Due to
Other Conditions: Tracheotomy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: Roy Pollard

23. Signature
Address: J. H. H. Date signed 3-5-41

#8 3

F 78236

15622 cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 78236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hospitals (Infirm. C)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 years
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Britton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1841

8. AGE: Years	Months	Days	If less than one day
100 ?			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 5 - 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per U. S. Mails

19 (MAR 6 - 1941) (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1941, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1941 to 2-23 1941, and that I last saw h~~im~~ alive on 2-23 1941

Immediate cause of death	Duration
Bronchopneumonia	3 days
Cerebral thrombosis	?
Due to Arteriosclerotic H. dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.

Address Balto. City Hosp Date signed 3-4-41

VS 8

78237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Colgate Creek (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Oliver Wolfe, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1857

8. AGE: Years: 54 yrs. Months: Days: If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Conrad H. Wolf (d)
13. Birthplace: Balto.

MOTHER 14. Maiden Name: Minnie Sharp (d)
15. Birthplace: Balto.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL MAR 5 - 1941

18 (a) Funeral director: Commissioner of Health
(b) Address: Per H. A. Myers

19 MAR 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 22 - 1941, at 9 45 R M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7- 1941, to 2-22- 1941, and that I last saw him alive on 2-22-1941.

Immediate cause of death: Pneumococcal meningitis
Due to: Acute endocarditis
Due to: Hypertension CVD

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Endocarditis Meningitis pneumococcal

Duration: 5 days, ?, ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]
Address: Balto City Hosp. Date signed 2-24-41 M. D.

F 78238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8-10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 643 N. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar Hollingsworth (63973)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1908

8. AGE: Years	Months	Days	If less than one day
32	5		hr. min.

9. Birthplace N. Car.
(Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER 12. Name Henry

13. Birthplace N. Car.

MOTHER 14. Maiden Name Ella McFadgen

15. Birthplace N. Car.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md

18 (a) Funeral director William A. Faulkner

(b) Address 916 Pennsa ave

19 (a) MAR 6 1941 (Date received by local registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1941, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26, 1941, to Feb. 26, 1941, and that I last saw him alive on Feb. 26, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 2-27-41

78239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78239 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Wisteria Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Wisteria Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Edward Heim

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna C. Heim

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1878

8. AGE: Years 62 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Retired

FATHER 12. Name Philip J. Heim

FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Christina Hermann

MOTHER 15. Birthplace Balto Md

16 (a) Informant Mrs. Anna C. Heim

(b) Address 3707 Wisteria Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7, 41 (month) (day) (year)

(c) Cemetery or crematory Emmanuel

Location L. Hemmann & Son

18 (a) Funeral director

(b) Address 31 S. Broadway

19 Date rec'd by registrar [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1941, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941, to Mar 5 1941, and that I last saw him alive on Mar 5 1941.

Immediate cause of death	Duration
Coronary Thrombosis	2/5/41
Due to Arteriosclerosis	?
Due to	
Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Stuart

Address 421 E Fort Ave Date signed 3/6/41 M. D.

78240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 78240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In Rear of 3511 Bonfield Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Bonfield Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAWRENCE CAROL GOODMAN

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1938

8. AGE: Years	Months	Days	If less than one day
2	2	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name A. Leonard Goodman,
13. Birthplace Pochohontas, Va.

MOTHER 14. Maiden Name Elaine Loeb,
15. Birthplace Hungtington, W. Va.

16 (a) Informant Mr. A. Leonard Goodman,
(b) Address 3511 Bonfield Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 7/ 41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenstein's Son
(b) Address 1902 Eutaw Place.

MAR 6 - 1941 (Date rec'd by registrar) Hunting Ton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th. 19 41 at PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-5-41 22-20
(c) Where did injury occur? Rear of 3500 block 7 Mile Town (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm, Front Meadow While at work? No (Specify type of place)
(e) Means of injury Fell into fish pond

23. Signature Edward L. Wheeler M.D. Medical Examiner.
Date signed 3-6-41

VS 6

F 78241
63806 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 78241
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2634 Memple Lane (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Bull

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Bull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1866

8. AGE: Years 74 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Akers
15. Birthplace Maryland

16 (a) Informant Melvina Bowers Baltimore City Hospitals
(b) Address [redacted]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)
(c) Cemetery or crematory Asbury M.E. Cemetery
Location Reisterstown, [redacted] Md

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Rd

19 MAR 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1941 at 3 19 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1941 to 3-4 1941, and that I last saw her alive on 3-3 1941.

	Duration
Immediate cause of death: Carcinoma of breast c metastases	?
Due to: Terminal bronchopneumonia	5 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ekker Jr. M.D.
Address Baltimore City Hosp. Date signed 3-4-41

VS 8

F 78242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 78242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 Mary Ave.
(c) Hospital or institution: - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Mary Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN SARA TAYLOR

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Taylor
6 (c) If alive, give age 49? years

7. Birth date of deceased (mo., day, yr.) Jan. 3. 1896

8. AGE: Years	Months	Days	If less than one day
45	2	1	..... hr. ..... min.

9. Birthplace Antrim, New Hampshire (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Morris
13. Birthplace New Brunswick, Canada

MOTHER
14. Maiden Name Belle Morris
15. Birthplace Chatham, New Brunswick.

16 (a) Informant Mr. Harry Taylor (Husband)
(b) Address 3209 Mary Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 5. 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) MAR 6 - 1941 (Date rec'd by registrar) (b) Huntington Hillis M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4. 1941 19 9.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Mar 4 1941, and that I last saw her alive on Feb 3 1941.

Immediate cause of death	Duration
Carcinoma of Transverse Colon	2 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: Nil

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury None

23. Signature [illegible] M. D.
Address 516 Harford Rd. Date signed 3-5-41

F 78243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131-AF 78243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Bruns st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	b.	Married

6 (b) Name of husband or wife Maury A Thompson 6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug 12-1873

8. AGE: Years	Months	Days	If less than one day
67	6	22	hr. min.

9. Birthplace Anne Arundel Co Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER 12. Name Isaiah Starke
FATHER 13. Birthplace A. A. Co Md.
MOTHER 14. Maiden Name Sophia Alton
MOTHER 15. Birthplace A. A. Co. Md

16 (a) Informant Maury A. Thompson
(b) Address 1718 Bruns St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)
(c) Cemetery or crematory Friendship Memorial cemetery
Location Friendship, Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Date received by Registrar) MAR 8 1941 (b) Burial Permit No. 8 Baltimore Md
Entered for Wilbur Rogers

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1941, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23-1941, to 3-4-1941, and that I last saw her alive on 3-4-1941.

Immediate cause of death Uremia

Due to Nephritis

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

F 78241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 78244 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5607 Roland Ave

(c) Hospital or institution: Melrose Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town Glambrit (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Danner

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19 1882

8. AGE: Years	Months	Days	If less than one day
59	0	17	hr. min.

9. Birthplace Selma (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Samuel Somer

13. Birthplace Ga

MOTHER 14. Maiden Name Arkmma Strickler

15. Birthplace Ga

16 (a) Informant Floyd Kaiser

(b) Address Lovell Me

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)

(c) Cemetery or crematory Glambrit

Location Glambrit Me

18 (a) Funeral director Floyd Kaiser

(b) Address Lovell Me

19 (a) MAR 6 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION 12 5.

20. DATE OF DEATH 3/6/41 1941, at 12 M

21. I certify that death occurred on the date above stated: that I attended deceased from 2/18/41 19 to 3/5 1941. and that I last saw him alive on 2/15/41 19 .

Immediate cause of death Multiple cancer Intoxication & intestines

Due to Ileus 2 yrs.

Due to Cancer Origin Uterus 1935

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H W. Johnston

Address 43 05 Glambrit Rd Date signed 3/6/41

F 78245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V42-D

Registered No. F 78245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLDSPRING LANE
(c) Hospital or institution:
HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE, MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. COLDSRRING LANE
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LOUIS WILLIAM HOFFMAN

3 (b) If veteran, name war: —

3 (c) Social Security Account No. NONE

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. MARRIED (R)

6 (b) Name of husband or wife SOPHIA HOFFMAN

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) MAY 4, 1884

8. AGE: Years 56 | Months 9 10 | Days 29 | If less than one day: hr. min.

9. Birthplace FREDERICK, MARYLAND
(Town, county, and state)

10. Usual Occupation MALE NURSE

11. Industry or business CONVALESCENT HOME

FATHER
12. Name JOSEPH M. HOFFMAN
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name MARY C. KREH
15. Birthplace FREDERICK, MARYLAND

16 (a) Informant JOSEPH K. HOFFMAN
(b) Address 2820 MONTEBELLO TER.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/6/1941 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTIMORE, MD.

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) MAR 6 - 1941 (Date rec'd by registrar) (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 3 1941, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to March 3 1941, and that I last saw h[illegible] alive on March 3 1941.

Immediate cause of death: Mitral Insufficiency — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. N. Patterman

Address 734 Reinstrom Rd. Date signed 3/4/41

VS 3

F 78246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78246 Registered No. 24-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Carolina St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Hazel Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hrabak Casey — Birth - F-09904

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1940

8. AGE: Years | Months 9 | Days 27 | If less than one day hr. min. — March 10, 1940

9. Birthplace St Joseph's Hosp. Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kenneth Marshal Casey
13. Birthplace Salem, Indiana

MOTHER
14. Maiden Name Anna Josephine Hrabak
15. Birthplace Balto. Md

16 (a) Informant Lillian Hrabak Tula
(b) Address 2606 Beryl Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Frank Brachton
(b) Address 900 N Chester St

19 (a) MAR 6 - 1941 (Date rec'd by registrar) (b) Hunter's or Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1941, to Mar 6 1941, and that I last saw h(M) alive on March 6 1941.

Immediate cause of death: Hemolytic Staphylococcus Leptococcus — Duration 5 days

Due to

Due to

Other Conditions: Allergic Eczema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature William J. Hyperick Jr. M.D.
Address St Joseph's Hosp Date signed 3-6-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78247

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-42 F 78247

CERTIFICATE OF DEATH

1. PLACE OF DEATH W. Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward 15-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Meyer Sachs If U. S. Veteran specify WAR .....

(a) Residence: No. 2802 Cold Spring Lane St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced WIFE of ~~Mrs.~~ Ida

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LADIES CLOTHING MFG

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME ABRAHAM SACHS

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT HOSPITAL RECORDS

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place BURIAL ROSEDALE Date 3-6-41 19..

19. UNDERTAKER Jack Lewis Inc

Address 1437 E. Baltimore St.

MAR 6 - 1941

20. FILED ..... 19.. Hunter Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1941

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1941 to 3/5 1941

I last saw living alive on 3/5 1941. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	1939
Other contributory causes of importance: Bilat. Bronchopneumonia	3/2/41

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Wallenstein M. D.

(Address) 1100 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 78218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 78218 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N. Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 North Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY YOUNG.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name

13. Birthplace N.C

MOTHER 14. Maiden Name Isabelle White

15. Birthplace N.C

16 (a) Informant ~~Charles Upshur~~ M. Mayfield

(b) Address 707 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R. Hellmann

(b) Address 322 N. Schroeder St

(b) Name of clergyman or minister Rev. Williams M.E.

MAR 6 — 1941 (Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3, 1941, at 2 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	Sudden
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Attending Medical Examiner.
Date signed 3-8-41

F 78249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 78249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Bevan (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Charles Barksdale SS 217-07-8610

3 (b) If veteran, name war: None
3 (c) Social Security Account No. [redacted]

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1899
8. AGE: Years 42 | Months | Days | If less than one day hr. min.
9. Birthplace Danville Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name John Barksdale
13. Birthplace Va

MOTHER 14. Maiden Name Hally Harris
15. Birthplace Va

16 (a) Informant David Barksdale
(b) Address 1022 Peach St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co. Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 1015 Montgomery St

19 (a) MAR 6 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 7:27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1941, to March 3 1941, and that I last saw him alive on March 3 1941.

Immediate cause of death	Duration
Cardiac failure	3 hrs
Due to Hypertensive CV Disease, arteriosclerotic	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Lewis, M. D.
Address 1 S. Balto. Gen. Hosp. Date signed 3/5/41.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 78250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 School St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Hopkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-7690

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/17/1911

8. AGE: Years	Months	Days	If less than one day
30	1	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Hopkins
13. Birthplace Md.

MOTHER 14. Maiden Name Annie Adams
15. Birthplace Md

16 (a) Informant Emma Matthews
(b) Address 1510 School St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt Aub
Location

18 (a) Funeral director Geo. U. Kelson
(b) Address 1303 Prestman St

19 (a) 3/6/1941 (Date rec'd by registrar) (b) Hunting for Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 11:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage:	
Etiology undetermined	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/5/41

VS 6

3938 F 78251 — BALTIMORE CITY HEALTH DEPARTMENT — F 78251

CERTIFICATE OF DEATH 141c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Street
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife: Edgar

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): 11-7-09

8. AGE: Years	Months	Days	If less than one day
31	3	26	hr. min.

9. Birthplace: PA (Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER
12. Name: Jerry Strubridge
13. Birthplace: Md

MOTHER
14. Maiden Name: Anna Lauchman
15. Birthplace: PA

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1941 (month) (day) (year)
(c) Cemetery or crematory Highland
Location Stroud Rd

18 (a) Funeral director Herman Huffer
(b) Address Tampa Pa

MAR 6 1941 (Date rec'd by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 5 1941 at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1941 to MAR 5 1941, and that I last saw her alive on MAR 5 1941.

	Duration
Immediate cause of death: CORONARY OCCLUSION-	
Due to LOWERING OF BLOOD PRESSURE FROM 210/140 to 170/120	
Due to CARDIAC DISEASE; MALIGNANT HYPERTENSION.	
Other Conditions ABORTION, THERAPEUTIC (Include pregnancy within 3 months of death)	
Date of operation 3/3/41	
Major findings of operation: 6 mos preg nancy	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vernon C. Kelly M.D.
Address Johns Hopkins Hosp Date signed 3/6/41 M. D.

VS 8

F 78252 ✓ F 78252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 E. Madison St. 10-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ferruccio Marzocchini

If U. S. Veteran specify WAR .....

(a) Residence: No. 903 E Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annita Marzocchini

6. DATE OF BIRTH (month, day, year) Jan 21-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	14/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finish

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grosseto Italy

FATHER

13. NAME Zeffero Marzucchini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Assunta Piccini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Annita Marzucchini (Wife)

(Address) 903 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date March 7 1941

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

MAR 6 - 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1941 to Mar 5, 1941

I last saw him alive on March 5, 1941. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luigi D. Di Stefano M. D.

(Address) 407 N. Eutaw St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s.

78253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. E 78253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 129 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank Wilson ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Hester Wilson
6 (c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) Jan 29 1874
8. AGE: Years 66 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Saloon Keeper
11. Industry or business

FATHER
12. Name Nicholas Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary L. Debulak
15. Birthplace Md

16 (a) Informant Mrs Helen Summers
(b) Address 755 - Melville Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location ____
18 (a) Funeral director Mendell E Humphreys
(b) Address 1501 N. Broadway
19 MAR 6 — 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1941, at 9:17 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1941, to 3/4 1941, and that I last saw h alive on 3/4 1941.

Immediate cause of death: Pulmonary Edema
Due to: Heart Failure
Due to: Pneumonia
Other Conditions: Hypertensive cardio-vas Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

Duration: 8 days; over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____
23. Signature J. V. Tompakov M.D. ✓
Address Sinai Hospital Date signed 3/9/41

F 78254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 122-B Registered No. F 78254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 12
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3944 Clover Hill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Albert D[illegible] Sheppard.

3 (b) If veteran, name war: NS

3 (c) Social Security Account No. 212-01-1750

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Mrs. Ethel Sheppard
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1879

8. AGE: Years 61 | Months 3 | Days 22 | If less than one day — hr. — min.

9. Birthplace Baltimore Maryland
(Town, county and state)

10. Usual Occupation Retired-Pharmaceutical Chemist

11. Industry or business Parke-Davis

FATHER
12. Name Edwin Sheppard
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Stevenson
15. Birthplace Maryland

16 (a) Informant Mrs Ethel Sheppard
(b) Address 3944 Clover Hill Road

17 (a) Cremation (b) Date thereof 3/7/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Avenues

19 (a) Filed MAR 8 1941 (Signature) for Williams, M.D. Registrar
(Date received)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/41 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26/41 to 3/6/41, and that I last saw h[illegible] alive on 3/6 1941.

Immediate cause of death: Intestinal obstruction — Duration: 2

Due to: Intussusception of Ileum — Duration: 2

Due to: — Duration:

Other Conditions: Uremia — Duration: 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Intussusception of Ileum.
Of autopsy: None obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul J. Kamin M.D.
Address Church Home & Infirmary Date signed 3/6/41

Please fill in all items, using ink. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4028 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4028 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Josephine Wheeler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Robert Wheeler

6 (c) If alive, give age years

Oct. 23-1856

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
84	4	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph Foreman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J. Davis
15. Birthplace Maryland

16 (a) Informant Miss Beulah M. Wheeler
(b) Address 4028 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7-1941 (Month) (day) (year)

(c) Cemetery or crematory St. Marys Hampden
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 MAR 6 - 1941 (Date rec'd by registrar) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 3.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941, to March 4 1941, and that I last saw h er alive on March 4 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio-sclerosis	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan F. Mellman M. D.
Address 6 E. Biddle St. Date signed 3/5/41

VS 2

F

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78256

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert B. Gould

If U. S. Veteran specify WAR

(a) Residence: No. 1522 Linden St., Ward.

S.S. NO. 217-07-6902

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine MacLusky (51)

6. DATE OF BIRTH (month, day, year) Dec 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cross & Blackwell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. W. Gould

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma E. Dunford

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Katharine Mae Gould

(Address) 1522 Linden ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. 3-8-41

19. UNDERTAKER John T. Mitchell & Sons

(Address) 1900 Eastern Place

20. FILED MAR 07 1941 Practitioner Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1941, to March 5, 1941

I last saw him alive on March 5, 1941. Death is said to have occurred on the date stated above, at 7.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of transverse Colon	

Other contributory causes of importance:

Peritonitis	4 days
Hypostatic Pneumonia	5 days

Was an operation performed? Yes Date of Feb 25, 1941

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L Wallenstein M. D.

(Address) Hagerstown

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

78257
393700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

F 78257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N Y (b) County
(c) City or town Chaffee
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion L. Howell
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Emery J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-4-97

8. AGE: Years	Months	Days	If less than one day
43	4	1	hr. min.

9. Birthplace NY (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business Home wife

FATHER
12. Name Ernest Allan
13. Birthplace NY

MOTHER
14. Maiden Name Charlotte Wolfe
15. Birthplace NY

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 8/41 (month) (day) (year)
(c) Cemetery or crematory Lindenwood Cemetery
Location Chaffee N.Y.

18 (a) Funeral director Geo. Whitefield Sons
(b) Address 1900 Eutaw Place

19 MAR 6 1941 Interring for Williamsville, N.Y.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 5 1941, at 1155 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to MAR 1941, and that I last saw her alive on MAR 1941

Immediate cause of death Spinal Meningitis
Due to (a) Epidemic
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Spinal Fusion
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Kenneth R. Pacitti M. D.
Address Johns Hopkins Date signed 3.6.41

78258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 78258 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W 3107 Guilford Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kalb

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth Seymour
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1864

8. AGE: Years	Months	Days	If less than one day
77	2	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Merchant, Pres. Eureka
11. Industry or business Amusement Co., retired

FATHER
12. Name John Bartholomay Kalb
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Landsendoerfer
15. Birthplace Germany

16 (a) Informant Edgar S. Kalb
(b) Address 608 W. Joppa Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place, Balto.

19 (a) MAR 6 1941 (Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Mar 5 1941, and that I last saw h[illegible] alive on Mar 4 1941.

Immediate cause of death	Duration
Coronary stenosis	
Myocardial failure.	
Due to old age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Paul D. Clough M. D.
Address 24 E. Eager St. Date signed

Paul Clough

Please write plainly with pen or indelible pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. --
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Albert S. King

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Eva F. Percy
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 18, 1894

8. AGE: Years	Months	Days	If less than one day
46	8	19	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Insurance agent.
11. Industry or business Insurance Co.

FATHER
12. Name Luther King
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha V. McDonald
15. Birthplace Ellicott City, Md.

16 (a) Informant Records-U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 8-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd. Baltimore

18 (a) Funeral director Chas. E. Franck
(b) Address 807 Madison Ave

19 (a) MAR 6 — 1941 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 2:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1941, to March 6 1941, and that I last saw him alive on March 6 1941.

Immediate cause of death	Duration
Acute purulent bronchitis	10 days
Due to	
Due to	
Other Conditions: coronary arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. Anderson M. D.
Address U.S. Marine Hospital Date signed 3/6/41

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 78260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3226 Zoga Pkwy (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Wolff — Birth - F. 24541

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1941

8. AGE: Years	Months	Days	If less than one day
			8 hr. 5 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Albert Wolff
13. Birthplace New York City N.Y.

MOTHER
14. Maiden Name Shirley Minkin
15. Birthplace Baltimore Md

16 (a) Informant Mrs Albert Wolff
(b) Address 3226 Zoga Pk Pky

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 6 - 1941

18 (c) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (Date received by registrar) MAR 6 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 8:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1941, to March 3 1941, and that I last saw her alive on March 3, 1941.

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block MD M. D.
Address Sinai Hosp. Date signed 3/3/41

(1923)

78261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 78261

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Hollen Road
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Hollen Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Cook, Eugene

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Lena A. Cook

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 9 - 1870

8. AGE: Years	Months	Days	If less than one day
71	0	26	..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Wholesale grocer

11. Industry or business

FATHER
12. Name Eugene Cook Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Markley
15. Birthplace Maryland

16 (a) Informant Lena A. Cook
(b) Address 417 Hollen Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Harnie Cook Sypher
(b) Address 1600 W. North Ave

19 (a) ..... (b) Huntington Williams, M.D.
(Signature of person who viewed body) (Date viewed by registrar)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 1.50 P. M.

21. I certify that death occurred on the date above stated; that attended deceased from October 6 1939 to March 5 1941, and that I last saw him alive on Feb. 9 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2. Minutes

Due to General arteriosclerosis. — 10 years

Due to —

Other Conditions Diabetes mellitus — 6. years

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None
(Specify type of place)
(e) Means of injury None

23. Signature Howard J. Chalfant M. D.
Address 6210 York Road Date signed March 5, 41

Howard J. Chalfant M.D.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is given, especially important. Physicians: please write the causes of death clearly and legibly.

78262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. E 78262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secour Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days) 20 D

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Lusco

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-01-5286

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bruna Lusco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1910

8. AGE: Years	Months	Days	If less than one day
31	2	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Advertising
11. Industry or business

FATHER
12. Name Chas. Lusco
13. Birthplace Italy

MOTHER
14. Maiden Name Rose T. 2
15. Birthplace Italy

16 (a) Informant Bruna Lusco
(b) Address 2019 Benson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-7-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director Albert W. Dempsey
Address 440 E. Monument St
19 (a) (Date rec'd by registrar) (b) Authority for Disposition Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 5:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hanging Manual Depression	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/4/41
(c) Where did injury occur? 2325 W. Saratoga St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope from transom

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/4/41

VS 6

78263

BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 78263

CERTIFICATE OF DEATH

122B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Edward Myers
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	1	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dallas Crowther
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Cecelia Royston
15. Birthplace Baltimore Co.

16 (a) Informant J. Edward Myers
(b) Address Reisterstown Md

17 (a) Burial (b) Date thereof 3-8-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Balto Co.

18 (a) Funeral director Albert Peugy
(b) Address 440 E North Ave.

19 (a) (b) Huntington Hillyard, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 10:32 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1941, to 3-5 1941, and that I last saw her alive on 3-5 1941.

Immediate cause of death — Duration 4 hr

Due to Intestinal Obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. H. Clifford
Address U. M. H. Date signed M. D. 3-6-41

Howard J. Andrus M.D.

Please write plainly, with indelible pencil. Every item of information should be carefully supplied correct and especially important. Physicians: please write the causes of death clearly and legibly.

1941-264
343948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X V
130

Registered No. E 28264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

7-5

3 (a) FULL NAME Sarah Norris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-23

8. AGE: Years	Months	Days	If less than one day
17	8	13	12 hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Scholar
11. Industry or business

FATHER
12. Name Earl Norris
13. Birthplace Md

MOTHER
14. Maiden Name Ruth Green
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Lukes
Location Sykesville

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville Md.

19 (a) (Date rec'd by registrar) Hattie Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 5 1941 at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 3 1941 to MAR 5 1941, and that I last saw he alive on MAR 5 1941.

Immediate cause of death	Duration
acute haemorrhagic Nephritis	4-5 weeks
with Cardiac insufficiency	
Due to pulmonary oedema	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Billings M. D.
Address J. H. Hospital Date signed 3-6-41

F 78265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78265

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Baltimore General Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Heath St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Kronenberg (William J. Kronenberg)

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-2934

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maggie H. Kronenberg
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 10, 1881

8. AGE: Years	Months	Days	If less than one day
59	9	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk - B & O RR
11. Industry or business

FATHER
12. Name William F. Kronenberg
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace United States

16 (a) Informant Mrs. Wm. J. Kronenberg
(b) Address 1 W. Heath St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director P. L. Amoroso
(b) Address 1003 N. Baltimore St.

MAR 6 - 1941
(Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1941 to March 4 1941, and that I last saw him alive on March 4 1941.

Immediate cause of death

Cerebral hemorrhage

Due to Hypertensive CVA thrombosis?

Due to

Other Conditions Diabetes mellitus?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration
3 days?
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Krolle M. D.
Address 4 E. Chase St. Date signed 3/4/41

PRINT WRITE PLAINLY, WITH CONFORMS INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4109 Belvedere
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Williar — Ruth - F 13689

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1940

8. AGE: Years	Months	Days	If less than one day
	7	-	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl G. Williar
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gladys Cole
15. Birthplace Wilmington, Del.

16 (a) Informant Mr. Earl G. Williar
(b) Address 4109 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director J. F. Amoss
(b) Address 1005 N. Baltimore St.

19 (a) MAR 6 - 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 7:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia following Whooping Cough — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Waddell M.D. Medical Examiner.
Date signed 3/4/41

M. D. B. 1263-9

78267 . HEALTH DEPARTMENT—CITY OF BALTIMORE 78267

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 887. W Lombard St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Virginia Soelker

(a) Residence: No. 887. W Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Henry Soelker

6. DATE OF BIRTH (month, day, year) April 15 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oliver Switzer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Forde

16. BIRTHPLACE (city or town) (State or country) Dublin Ire

17. INFORMANT Gretta Soelker
(Address) 887 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Mar. 8th 1941

19. UNDERTAKER E. J. Amoroso
(Address) 1003 W. Baltimore St

20. FILED MAR 6 - 1941 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1941 to March 4 1941

I last saw her alive on March 3 1941. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Jan 41

Other contributory causes of importance:

Bronchial Pneumonia	Jan 14
Chronic Arthritis	Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R. A. Enright M. D.

(Address) 4936 Park Heights Ave

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78268
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 251 S Morley st
(c) Hospital or institution:
St Jos. Monastery Convent
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 251 S Morley st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister M Elphege (Mary Geisen)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1865

8. AGE: Years 75 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Elliott City Md
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business Teacher

FATHER 12. Name John Geisen

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Mary Bennett

MOTHER 15. Birthplace Md

16 (a) Informant Sister M. Bernadette

(b) Address 251 S Morley st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Woodlawn Cem

18 (a) Funeral director Guy R Stanley

(b) Address Fulton & Fayette Phinney Springs, Md

MAR 7 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1938, to March 5 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death Carcinoma Bronchus
Acute Sclerosis
Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J Bowen M. D.
Address Med Arts Bldg Date signed 3-5-41

VS 3

F 78269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 78269 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-6-28

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4301 Forest View Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie M. Glenn

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: John W. Glenn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1863

8. AGE: Years 78 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Akron Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business At Home

FATHER 12. Name Joseph Honeywell

13. Birthplace Unknown

MOTHER 14. Maiden Name Mary Ann Shoemaker

15. Birthplace Unknown

16 (a) Informant John W. Fry

(b) Address 5608 Belle Vista Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/8/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Baltimore Md.

18 (a) Funeral director William Cook

(b) Address 121 St. Paul St

19 (a) MAR 7 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941, at 8.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1939, to March 6 1941, and that I last saw her alive on March 6 1941.

	Duration
Immediate cause of death: General Arteriosclerosis	2 yrs
Cystitis	1 yr
Due to: Senile Psychosis	
Due to: Simple deterioration	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Damian J. Alagia M. D.

Address 336 Frederick Ave Date signed

VS 8

F 78270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78270
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto, York Rd & Hillsdale (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Vincents Boy Land (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Louise Ostendorf

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 31st 1938

8. AGE: Years	Months	Days	If less than one day
3 yrs.	1	4	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Vogel
13. Birthplace Md

MOTHER
14. Maiden Name Vera Ostendorf
15. Birthplace Balto. Md.

16 (a) Informant Vera Ostendorf
(b) Address 4645 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pine St

19 (a) (Date rec'd by registrar) (b) Planning & Williams Inc. (Signature of funeral director)

MAR 7 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1941 to 3/5 1941 and that I last saw her alive on 3/5 1941.

Immediate cause of death	Duration
Laryngo-tracheo-bronchitis	
Toxemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Hale Jr. M. D.
Address St Agnes Hospital Date signed 3/6/41

M. D. B 1268-8

78271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 78271

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Eutaw Place St. 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Harten

(a) Residence: No. 723 N. Fulton Ave. Ward. S.S. 212 24 2010
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Rosa May Harten

6. DATE OF BIRTH (month, day, year) Dec 12 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Dec 1917

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Dry Dock

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Solomons, Md.

FATHER

13. NAME John B. Harten

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Priscilla Talbott

16. BIRTHPLACE (city or town) (State or country) Drum Island Md

17. INFORMANT Rosa M. Harten
(Address) 723 N. Fulton ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Westview Date 3-5 19 41

19. UNDERTAKER William Tome
(Address) 1217 St. Paul St

FILED MAR 7 - 1941 19 41 Thurlie H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1941 to Mar. 6 1941

I last saw him alive on Mar. 6 1941 Death is said to have occurred on the date stated above, at 7 08 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	3 days
Bilateral Pneumonia (Lobar)	5 day
Ac Mastoiditis (Rt).	3 wks.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel L. Fox M. D.
(Address) 1214 Eutaw Place

V. S. 3

INSTRUCTIONS—THIS CERTIFICATE IS REQUIRED BY LAW AND IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78272

Abrecht

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 78272 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp, Ld
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 E 27th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Kate Abrecht

3 (b) If veteran, name war — 3 (c) Social Security Account No. 10 05

4. Sex F. | 5. Color or race White | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife Frank Abrecht

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10th 1854

8. AGE: Years 37 | Months 09 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Md (Frederick Co.) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James E. Crummitt
13. Birthplace Frdk Co. Md.

MOTHER 14. Maiden Name Mary Alice Chaney
15. Birthplace Prince. Md.

16 (a) Informant Geo. F. Abrecht
(b) Address 614 E. 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

MAR 8 1941 (Date rec'd by Registrar) (b) ... Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1941, at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-70 1941, to 3-6 1941, and that I last saw h e alive on 3-6 1941.

Immediate cause of death — Duration
Hypertensive Cardiovascular Disease
Due to Bronchial Asthma
Due to Bronchopneumonia
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. V. Robinson
Address Md Jewish Hosp Date signed 3/8/41

78273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 78273 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Denmead

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	213-10-5585	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1879.

8. AGE: Years	Months	Days	If less than one day
61	9	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Office Bldg.

FATHER
12. Name Robert Denmead
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Murphy
15. Birthplace Ireland

16 (a) Informant Agnes D Miller
(b) Address 1303 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

MAR 7 1941 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1941, to Mar 5 1941, and that I last saw h[illegible] alive on 3/4 1941.

Immediate cause of death: Hypertensive Cardio Vascular Renal Disease — Duration 7
Due to: Obesity. — 7
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Bloom, M. D.
Address 1206 E. Preston St Date signed 3/6/41

VS 3

F 78274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 H

F 78274 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 Winston Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Winston Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2716

3 (a) FULL NAME Marion M. Sturgeon

3 (b) If veteran, name war No —

3 (c) Social Security Account No. None —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Marmaduke S Sturgeon

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1897

8. AGE: Years	Months	Days	If less than one day
43	4	3	hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wm B. Woodward
13. Birthplace Vermont

MOTHER
14. Maiden Name Marion Louise Woodward
15. Birthplace Mass.

16 (a) Informant Marmaduke S Sturgeon
(b) Address 800 Winston Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Forrest
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 207 St. Paul St

19 (a) MAR 7 - 1941 (Certificate rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1941, at 4:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation

Due to Poisoning Gas.

Due to

Other Conditions Mental Confusion.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-5-41
(c) Where did injury occur? 800 Winston Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of gas from Kitchen Range

23. Signature Howard J. Oldendorf M.D. Medical Examiner.
Date signed 3-5-41

VS 6

F 78275

Carrick

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 Y-a

F 78275

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Sts

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 5 Yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Lutherville

(If outside city or town limits, write RURAL and give town)

(d) Street No. 13 Timonium Rd

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mr Louis E Carrick

3 (b) If veteran, name war ..... | 3 (c) Social Security Account No. NONE

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~ or divorced: Widower

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1869

8. AGE: Years: 71 | Months: 6 | Days: 1 | If less than one day: ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Mr. Amos Carrick

13. Birthplace Maryland

MOTHER

14. Maiden Name Mrs Susana Ryan

15. Birthplace Maryland

16 (a) Informant Louis E. Carrick

(b) Address Timonium Rd Lutherville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

MAR 7 - 1941 (b) ..... Registrar

(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/41 19 ..... at 2 ~~5~~ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1941 to 3/6 1941, and that I last saw him alive on 3/6 1941.

Immediate cause of death Uremia — Duration .....

Due to hypertensive cardio-vascular renal disease — Duration .....

Due to ..... — Duration .....

Other Conditions Uterine hemorrhage — Duration .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Arteriosclerosis, Terminal

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature William R. Stimpson M. D.

Address Md. General Hosp. Date signed 3/6/41

F 78276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 31-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N. Lafayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~JOHNS HOPKINS HOSPITAL~~ Beatrice Blackwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) 10-1-99

8. AGE: Years	Months	Days	If less than one day
41	5	4	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Bailey
13. Birthplace N. Car.

MOTHER
14. Maiden Name Louisa Clary
15. Birthplace N. Car.

16 (a) Informant Brands
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-41 (month) (day) (year)
(c) Cemetery or crematory Blackwell Town
Location Rogers, N. C.

18 (a) Funeral director E. H. Brookes
(b) Address Hopedale, Va. or Hertford or Williamston, N. C.

MAR 7 - 1941 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1941, at 12 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941 to Mar 5 1941 and that I last saw her alive on Mar 2 1941.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to Hypertension	3-4 years
Due to arteriolo nephrosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. Billings Jr. M. D.
Address J. H. Hospital Date signed 3-6-41

78277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78277

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6109 Glen Oak Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Knapp

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-8257

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mrs. Dorothy Knapp

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) May 9-1916

8. AGE: Years 24 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation clerk

11. Industry or business aeroplane factory

FATHER
12. Name Robert Silvio Knapp
13. Birthplace Maryland

MOTHER
14. Maiden Name Jeanette Smith
15. Birthplace Maryland

16 (a) Informant Robert Knapp
(b) Address 6109 Glen Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director John Welsh
(b) Address 2020 Pulaski St

19 (Date rec'd by registrar) MAR 7 - 1941 Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1941, to Mar. 6 1941, and that I last saw him alive on Mar. 6 1941.

Immediate cause of death Generalized Peritonitis — Duration 4½ days

Due to Perforated Gangrenous Appendicitis — Duration 4½ days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Generalized Peritonitis due to perforation of acute appendicitis

Of operations

Of autopsy None performed

PHYSICIAN Underline the cause to which it should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Schaefer

Address Mercy Hospital Date signed 3/6/41

VS 3

F 78278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLDSPRING LANE
(c) Hospital or institution: HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 MO.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town [redacted] TIMONIUM (If outside city or town limits, write RURAL and give town)
(d) Street No. CINDER ROAD, TIMONIUM (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME ANTON VALLEK

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife ANNA VALLEK

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 28, 1866

8. AGE: Years 74 | Months 5 | Days 6 | If less than one day — hr. — min.

9. Birthplace BOHEMIA (Town, county, and state)

10. Usual Occupation BAKER

11. Industry or business BAKERY

FATHER
12. Name FRANK VALLEK
13. Birthplace BOHEMIA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BOHEMIA

16 (a) Informant FRANK J. VALLEK
(b) Address CINDER ROAD, TOMONIUM, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/10/1941 (month) (day) (year)
(c) Cemetery or crematory ST. MICHAEL'S CEM.
Location ASTORIA, L.I., N.Y.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. NORTH AVE.

19 (Date rec'd by reg.) MAR 7 — 1941 Huntingtown, Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 6, 1941 at 1:02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to March 6 1941, and that I last saw him alive on March 5 1941.

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterman M. D.
Address 2324 Reisterstown Rd. Date signed 3/6/41

78279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 78279

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4020 Fairfax Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimo e (If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Fairfax Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph A. King

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Jeannette S. Simms
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1872

8. AGE: Years	Months	Days	If less than one day
69	1	9 11	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Calvin King
13. Birthplace Pa. ✓

MOTHER
14. Maiden Name ✓
15. Birthplace

16 (a) Informant John B. King
(b) Address 4407 Garrison Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Balto., Md.

18 (a) Funeral director John M. Mitchell's Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) Date received MAR 1941 (b) Registrar [illegible] (c) Certificate filed [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1941, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1940 to 3/5 1941, and that I last saw him alive on 2/20 1941.

Immediate cause of death: Pulmonary edema — Duration 1/2 hr.
Due to Chronic myocarditis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reiter
Address Garrison & Windsor Ave. Date signed 3/6/41

Robert A. Reiter

F 78280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 78280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 William St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 William St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Eckhardt, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nora Eckhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1870

8. AGE: Years	Months	Days	If less than one day
70	10	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Eckhardt
13. Birthplace Md.

MOTHER
14. Maiden Name Frances Riggin
15. Birthplace Md.

16 (a) Informant Mrs. Nora Eckhardt
(b) Address 1025 William St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, A.A. Co., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) MAR 7 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5, 1941, at 2.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1940 to Mar 5 1941, and that I last saw h[illegible] alive on Mar 5 1941

Immediate cause of death
Carcinoma of Urinary Bladder
Due to
Due to
Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 1208 N. Charles St. Date signed 3/6/41

F 78281
82736 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-L

F 78281 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Gilmor Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Lee George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1868

8. AGE: Years	Months	Days	If less than one day
72	10	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis West ?
13. Birthplace

MOTHER
14. Maiden Name Martha Burroughs
15. Birthplace Richmond, Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7th 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklandville

18 (a) Funeral director Calvary A Wilson
(b) Address 1000 Brantley

19 (a) (Date rec'd by registrar) (b) Burial permit issued by Williamsport, Md.

MAR 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1941, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1941, to 3-5 1941, and that I last saw her alive on 3-5 1941

Immediate cause of death Coelom Carcinoma of the cecum — metastases — Duration 1yr 3

Due to Generalized osteosclerosis — 2

Due to Osteosclerotic gangrene both feet — 2 6 wks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cs above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney A. Eckert Jr M. D.
Address Baltimore City Hosp Date signed 3-6-41

F 78282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78282 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Evelyn Lee Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1939

8. AGE: Years 2 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Unemployed

FATHER
12. Name Henry Harrison
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Harrison
15. Birthplace ne

16 (a) Informant Emma Harrison
(b) Address 25 Castel st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7th (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Riverland

18 (a) Funeral director Edwy A Wilson
(b) Address 1600 Brantley

19 (a) Date received 1941 (b) Registrar's signature per Hunting for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 6 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 3 1941, to 3 - 6 1941, and that I last saw her alive on 3 - 6 1941.

Immediate cause of death	Duration
Lobar Pneumonia	6 days
Due to Pneumococcus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Kenneth Alexander M. D.
Address Provident Hospital Date signed 3 - 6 - 41

VS 2

78283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 78283 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Edmondson ave
(c) Hospital or institution: Dr Wm Nicholls Office
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Rayner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert F. Clagett 213-12-6661

3 (b) If veteran, name war

3 (c) Social Security Account No. 078-05-1120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret L. Clagett
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1870

8. AGE: Years	Months	Days	If less than one day
70	4	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Life Ins. Agent
11. Industry or business Insurance

FATHER
12. Name Louis Clagett
13. Birthplace Prince Georges Co. Md.

MOTHER
14. Maiden Name Caroline Alcock
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Margaret L. Clagett
(b) Address 2824 Rayner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location 3801 Frederick Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) MAR 7 1941 (Date received by registrar) (b) Curtis [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1941, at 12:25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-5-41

F 78284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 78284 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2322 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ******
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Gardling

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret B. Gardling

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): April 12, 1867

8. AGE: Years: 73 Months: 10 Days: 20 If less than one day: hr. min.

9. Birthplace: York Penna. (Town, county, and state)

10. Usual Occupation: Retired Engineer

11. Industry or business: B. & O. R.R.

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: Catherine Miller
15. Birthplace: Germany

16 (a) Informant: Mrs. Margaret B. Gardling
(b) Address: 2322 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1941 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: George W. Little
(b) Address: 2700 Edmondson Ave.

MAR 7 - 1941 (Date rec'd by registrar) (by) J. H. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941 at 10 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Mar. 4 1941, and that I last saw h[illegible] alive on Mar. 3 1941.

Immediate cause of death: Chr. Myocarditis — Duration

Due to:

Due to:

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 700 N. Fulton Ave. Date signed 3/6/41 M. D.

F 78285

F 78285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 E Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County .....

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1700 W. Ley St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Pauline Caplan Finkelstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Benjamin

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) aug 12 - 1911

8. AGE: Years 29 | Months 6 | Days 24 | If less than one day: hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER

12. Name Victor Caplan

13. Birthplace Russia

MOTHER

14. Maiden Name Mary Potts

15. Birthplace Russia

16 (a) Informant Husband

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/41 (month) (day) (year)

(c) Cemetery Shiloh Rd Location Beth Medrish Hagodal

18 (a) Funeral director Jack Levin Inc

(b) Address 1739 E. Balto St

19 (a) MAR 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1941 to 3/6 1941, and that I last saw h on alive on 3/6 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Acute Lupus Erythematosus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature M. Herman M.D.

Address Sinai Hosp. Date signed 3/6/41

VS 3

F 78286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-B

F 78286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5603 HARFORD RD. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELSIE ~~x~~ VEASEL ~~x~~ HOCHSTEDT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Edwin A. Hochstedt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 14, 1915

8. AGE: Years	Months	Days	If less than one day
26		21 22	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name MR. William Veasel
13. Birthplace MARYLAND

MOTHER
14. Maiden Name BERNICE BOYD
15. Birthplace MARYLAND

16 (a) Informant Edwin A Hochstedt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director George J. Ruck
(b) Address 5305 Harford Rd

19 (a) MAR 7 - 1941 (Date rec'd by registrar) (b) Thurston Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 6 1941, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 17 1941, to MAR. 6, 1941, and that I last saw her alive on MAR. 6, 1941.

Immediate cause of death	Duration
ACUTE CARDIAC FAILURE	2½ hrs.
Due to THYROTOXICOSIS, POST OPERATIVE	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations EXTREMELY TOXIC THYROID ADENOMA
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A A Clifford M. D.
Address Union Memorial H. Date signed 3-6-41

PRESS FIRMLY AND PRINT WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No.

F 78287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5413 Mayview Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5413 Mayview
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country France

3 (a) FULL NAME Madeleine M Willis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fm	W	married

6 (b) Name of husband or wife Arthur C Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-1901

8. AGE: Years	Months	Days	If less than one day
39	3	11	hr. min.

9. Birthplace France
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Henri Anstett
13. Birthplace France

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Arthur C Willis
(b) Address 5413 Mayview Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Leonard Marsh
(b) Address 5305 Harford Rd Baltimore, Md

19 (Date rec'd by registrar) MAR 7 - 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1941, at 1100 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to Mar 5 1941, and that I last saw h[illegible] alive on 3-5 1941

Immediate cause of death: Coronary Thrombosis — Duration

Due to Arteriosclerosis & Hypertension — Duration

Due to Acute Nephritis — Duration 1 mo.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael Frankfeldt
Address Belmont Frankfeldt Date signed 3-7-41

VS 3

F 78288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 78288

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural - Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND DUVALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/30/40

8. AGE: Years | Months 3 mos | Days 5 | If less than one day hr. min.

9. Birthplace Granite Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Luther Duvall
13. Birthplace Md

MOTHER 14. Maiden Name Gertrude Hodge
15. Birthplace Md

16 (a) Informant Luther Duvall
(b) Address Granite, Md

17 (a) JOHNS HOPKINS MEDICAL SCHOOL (b) Date thereof MAR 7 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Hunting for Williams, Md

19 (a) MAR 7 - 1941 (Date rec'd by registrar) Registrar

6324

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941 to 3-5 1941 and that I last saw him alive on 3-5 1941.

Immediate cause of death Malnutrition, dehydration, acidosis

Due to Diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Thomas M.D.
Address University Hosp Date signed 3-5-41

F 78289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 78289 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Schroeder St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Bailey Birth-F 24374

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-41

8. AGE: Years | Months | Days 8 | If less than one day hr. min.

9. Birthplace 21 N Schroeder St (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Bailey
13. Birthplace Edgefield Co, S.C.

MOTHER 14. Maiden Name FRANKGETER
15. Birthplace DURHAM, N.C.

16 (a) Informant John Bailey
(b) Address 21 N Schroeder St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof MAR 7 - 1941 (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 7 - 1941 (Date rec'd by registrar) Beatrice Williams, M.D. Registrar

6525

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1941, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1941, to 3-7 1941, and that I last saw her alive on 3-7 1941.

Immediate cause of death Foetal Atelectasis — Duration 8 days

Due to PREMATURITY

Due to

Other Conditions Dehydration malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Sloo Jr. M.D.
Address University Hosp. Date signed 3-14-41

F 78290

F 78290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Bruce Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Baby Girl Williams Death F 24496

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: B

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1941

8. AGE: Years | Months | Days: 3 d | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon Allen
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Barnes
15. Birthplace Md.

16 (a) Informant Vernon Allen
(b) Address 2607 Bruce Terrace.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 7 - 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 7 - 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

6526

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1941, to 3-3 1941, and that I last saw h[illegible] alive on 3-3 1941.

Immediate cause of death: Fatal atelectasis

Due to: Prematurity

Due to:

Other Conditions: Dehydration, Cyanosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin H. Sloan, Jr. M.D.
Address Emerald Hospital Date signed 3-4-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78291 Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11yr. 10das.
(e) Length of stay in Baltimore (yrs., mos., or days) 54yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Whatcoat St. (If rural give location)
(e) Citizen of foreign country? ID (Yes or No) If yes, name country

3 (a) FULL NAME Albert Ennis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Unk.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-1864

8. AGE: Years	Months	Days	If less than one day
76	10	8	hr. min.

9. Birthplace A.A. Co., Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name William Ennis
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael Bean
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Commissioner of Health

18 (a) Funeral director Per H. A. Myers
(b) Address Huntingtown, Williams, Md.

19 (a) MAR 7 - 1941 (b) 6397
(Date rec'd by registrar) Registrar

MAR 7 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1941, at 9 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1940 to 2-27 1941. and that I last saw h alive on 2-27 1941

Immediate cause of death	Duration
Cerebral thrombosis	7
Bronchopneumonia	3 days
Due to Hypertension C.V.D.	7
Arteriosclerosis C.V.D.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Pallbum M. D.
Address Balto. City Hosp. Date signed 3-4-41

VS 3

F 78292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78292

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. Baane St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Horan

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	WHITE	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70	?	?	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address Sacred Heart Hosp. Cumb. Md.

17 (a) [illegible] (b) Date thereof (month) MAR (day) 7 (year) 1941
JOHNS HOPKINS MEDICAL SCHOOL
(c) Cemetery or cremator[illegible]
Location COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 7 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
6928

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 3 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 2 1941, to 3 - 3 1941, and that I last saw him alive on 3 - 3 1941.

Immediate cause of death For advanced Bilateral Pulmonary Tuberculosis - Multiple

Due to Cavities left upper lobe.

Due to

Other Conditions Emaciation Dehydration

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dennehy A. Callahan Jr. M.D.
Address University Hosp Date signed 3 - 4

F 78293 F 78293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-?

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 /
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Paige

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-9368

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Hattie Paige

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1898.

8. AGE: Years 42 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Newark N. J. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Jimmy Page

13. Birthplace ? ? ?

MOTHER 14. Maiden Name Claudia

15. Birthplace ? ? ?

16 (a) Informant Hattie Page

(b) Address 1135 Argyle Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/8/1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary.

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Gilmor St

MAR 7 - 1941 (Date rec'd by registrar) Katie R. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1941, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941, to 3-5 1941, and that I last saw h[illegible] alive on 3-5 1941.

Immediate cause of death: Coronary Occlusion — Duration: 2 hours

Due to: Hypertensive Cardiovascular

Due to: Disease — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. P. Musgrave M. D.

Address Provident Hospital Date signed 3-5-41

F 78294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

F 78294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Mc Donough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Mc Donough St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Glexandria Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 245-10-1869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 - 1898

8. AGE: Years	Months	Days	If less than one day
43	9	1	hr. min.

9. Birthplace Hampton Virginia
(Town, county, and state)
10. Usual Occupation Laborer W.P.A.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Lucie Johnson Smith
(b) Address 802 Mc Donough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location A. Arbutus, Md.

18 (a) Funeral director Mrs. K. A. Elliott - Daughter
(b) Address 1129 N. Caroline St.

MAR 7 - 1941 (Date rec'd by registrar) Huntingdon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1941, at 5.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941, to March 3 1941 and that I last saw him alive on March 2 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 8 Days
Due to Cardio-Vascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. K. Adams M. D.
Address 1222 N. Caroline St. Date signed

VS 3

F 78295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1130

F 78295
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Everlina Mellovin Riddick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 11, 1877

8. AGE: Years 63 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Milton Riddick
(b) Address 1714 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetary
Location G. G. County Md

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 419 N. Carolina Ave.

MAR 7 - 1941 (Date rec'd by registrar)
(b) Hunting on Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1941, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2 1941, to Mar. 4 1941, and that I last saw h[illegible] alive on Mar. 4 1941.

Immediate cause of death Uremia — Duration 3 Days
Acute Nephritis

Due to

Due to

Other Conditions Acute Dilatation of Heart — Duration 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan'l L. Berry M. D.
Address 1420 E. Chase Date signed Mar 6 '41

78296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78296

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address /

(c) Hospital or institution: Sydenham Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) ? 17 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write Rural and give town)

Street No. 2164 Hollins St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Carlisle Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-01-5183

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Madeline Murphy

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ? July 6, 1917

8. AGE: Years	Months	Days	If less than one day
23 yr	7	29	hr. min.

9. Birthplace ? Charles County Md.
(Town, county and state)

10. Usual Occupation ? Salesman

11. Industry or business Capital Brewing Co.

FATHER

12. Name Paul Murphy

13. Birthplace Charlestown, Md

MOTHER

14. Maiden Name Elizabeth Walsh

15. Birthplace Charlestown, Md

16 (a) Informant Wife Mary M. Ott Rottman

(b) Address 2164 Hollins St. Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 1941 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Harry A. Wiltze

(b) Address 4101 Edmondson Ave

19 (a) MAR 7 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1941, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941, to 3-5 1941, and that I last saw him alive on 3-5 1941.

Immediate cause of death Meningitis

Due to Meningococcus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy To be done 3-6-41

Duration
5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Martha K. Reese M. D.

Address Sydenham Hospital Date signed 3-5 41

F 78297

F 78297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 78297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2008-E. Hoffman Street

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2008-E. Hoffman Street (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Bertha S. Wagner

3 (b) If veteran, name war: --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. P. Wagner

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.) 9/28/1908

8. AGE: Years 32 | Months 5 | Days 6 | If less than one day: --hr. ------ Min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Edgar Hires

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Marie Plitt

15. Birthplace Baltimore, Md.

16 (a) Informant Wm. P. Wagner

(b) Address 2008-E. Hoffman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address [illegible]

19 MAR 7 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/41 19 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1940 to 3/6 1941, and that I last saw her alive on 3/6 1941.

Immediate cause of death: Mitral Regurgitation — Duration: 6 yrs

Due to:

Due to:

Other Conditions: Myocardial degeneration

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Miller M. D.

Address 1500 N. Eden Way Date signed 3/7/41

VS 3

78298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 78298 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Priscilla Young

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
-	none	F.	Col.	Married

6 (b) Name of husband or wife Geo.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 9, 1893

8. AGE: Years	Months	Days	If less than one day
47 48	7	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Benj. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Md.

16 (a) Informant Geo. Young
(b) Address 1617 Gilmor St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director George G. Kelson
(b) Address 1303 Presstman St.
19 (Date rec'd by registrar) MAR 7 - 1941 Hunting Co Williams Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5, 1941 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Mch 5 1941
and that I last saw h[illegible] alive on Mch 5 1941.

Immediate cause of death Pneumonia Duration 9 days
Left lung [illegible]
Due to Hx Chronic Heart 12 yrs
Due to
Other Conditions Very much
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature]
Address 1605 W. North Ave. Date signed 3/8/41 M.D.

E 78299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78299

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Madison Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lt. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-15-8517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Erma Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1897

8. AGE: Years	Months	Days	If less than one day
43	7	4	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Alabama

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Erma Williams
(b) Address 1517 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvalry
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

MAR 7 - 1941 (Date rec'd by registrar) (b) Hunting Ave & Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 5 - 1941, at 2.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion / Artery, Disease — Duration

Due to

Due to

Other Conditions Food Poisoning (Meat) Contributed cause of death.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 3-6-41

78300

BALTIMORE CITY HEALTH DEPARTMENT

64175 dR CERTIFICATE OF DEATH 61

F 78300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 S Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leona Cooper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1902

8. AGE: Years	Months	Days	If less than one day
38	5	2	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Burt
13. Birthplace N.Y.

MOTHER
14. Maiden Name Etta Parks
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Isaiah L. Brunson
(b) Address 108 W W Montgomery St

19 MAR 7 1941 (b) Huntington Williams (Date received by registrar) (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1941, to 3-5 1941, and that I last saw h alive on 3-5 1941.

Immediate cause of death: Pulmonary edema
Diabetes mellitus coma
Due to Hypertension C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1 day, 1 day

Date of operation
Major findings of operation:
of autopsy: Au stat

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt
Address Balto City Hosp Date signed 3-6-41 M. D.

78301 OF 62733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 78301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Gilmore Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Benton West, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7122

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1916

8. AGE: Years	Months	Days	If less than one day
25 ~~20~~	1	11	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Tap Dancer
11. Industry or business Moon Glow Cafe

FATHER
12. Name Benton West
13. Birthplace Brooklyn, Md., Anne Arundle Co.

MOTHER
14. Maiden Name Anna Humphries
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Sand. M. Bressler
(b) Address 631 Gilmor St.

19 MAR 7 1941 (Date received by local registrar) (Huntington Williams, M.D.)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1941 to 3-6 1941, and that I last saw h~~im~~ alive on 3-6 1941.

Immediate cause of death: Pneumonia - bronchopneumonia
Due to: Thrombocytopenic purpura

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy: As above

Duration
4 days
7
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Pattison
Address Balto. City Hosp. Date signed 3-7-41 M.D.

78302

BALTIMORE CITY HEALTH DEPARTMENT 168

CERTIFICATE OF DEATH

Registered No. E 78302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GENIVIEVE BAKER.- Wilson

3 (b) If veteran, name war .....

3 (c) Social Security Account No. Unk

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 34 | Months | Days | If less than one day ..... hr. ..... min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER
12. Name Brown

13. Birthplace .....

MOTHER
14. Maiden Name .....

15. Birthplace .....

16 (a) Informant .....

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....

Location [redacted] MAR 7 - 1941 COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore

(b) Address .....

19 (a) MAR 7 - 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1941, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ..... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobar right — Duration .....

Due to .....

Due to .....

Other Conditions Chronic alcoholism (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.

Date signed 3-3

78303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 E. Federal St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME John A. Janetzke Sr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary L. Folderauer
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.): Aug. 4, 1858
8. AGE: Years 82 | Months 7 | Days | If less than one day ... hr. ... min.
9. Birthplace: Dansig (Town, county, and state)
10. Usual Occupation: Retired Magistrate
11. Industry or business:

FATHER
12. Name: August Janetzke
13. Birthplace: Germany

MOTHER
14. Maiden Name: Emily Nightingale
15. Birthplace: Berlin, Germany

16 (a) Informant: Mr. John A. Janetzke Jr.
(b) Address: 1754 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1941 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore

18 (a) Funeral director: HENRY SANDER & SON Inc.
(b) Address: North Ave. & Broadway

19 (a) MAR 7 1941 (b) Huntington Williams, M.D. Registrar
Received by registrar MAR 7 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941 at 4:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1941 to March 4 1941 and that I last saw him alive on March 4 1941.

Immediate cause of death: Coronary Thrombosis
Due to: Chr. Arterio Sclerosis (Coronary)
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration 36 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Isaac L. Demyer M.D.
Address 2007 E. Pratt St. Date signed 3/5/41

78304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-J

Registered No. E 78304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Linwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CONRAD VIEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Wilhelmina Viel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1859

8. AGE: Years	Months	Days	If less than one day
81	5	9 8	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business Retired--

FATHER
12. Name ? Viel
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Minnie Lohrman
(b) Address 420 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SON Inc.
(b) Address North Ave. & Broadway

19 MAR 7 1941 Huntington Williams, MD
(Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941, at 10 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease.	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Medical Examiner.
Date signed 3-6-41

78305 HEALTH DEPARTMENT—CITY OF BALTIMORE 78305

CERTIFICATE OF DEATH

48-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 E. Oliver St. 8th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Neurath

(a) Residence: No. 2138 E Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert K Neurath

6. DATE OF BIRTH (month, day, year) July 10 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	2625	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4/6/41

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Sherman Coleman

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Robert K Neurath (Address) 2138 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date 3/8 19 41

19. UNDERTAKER Philip H Krug Sons (Address) 2054 Edmondson

20. FILED MAR 7 - 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 19 41

22. I HEREBY CERTIFY, That I attended deceased from June 5, 19 41, to March 5, 19 41

I last saw her alive on March 4, 19 41. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Dilatation of Heart	2 hrs
Carcinoma of Uterus	3 mos.
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 7-41

For what disease or injury? Exploratory -

Name of operation Appendectomy - Curettement

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

3/15/41 (Signed) Thos. F. A. Strauss, M. D.

(Address) 2878 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 78306

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER C. THOMAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-0587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24/1876

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Ericson Line

FATHER
12. Name Seth Thomas
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary Thos
(b) Address 2914 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/41 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Pk
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Eutaw St

19 MAR 7 — 1941 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Sudden

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollaeuer M.D.
Medical Examiner.
Date signed 3-6-41

VS 6

78307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78307
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mikens + Caton Aves,
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Zirkler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6. (b) Name of husband or wife Carl Zirkler
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct. 18-1867

8. AGE: Years	Months	Days	If less than one day
73	4	18	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Haug
13. Birthplace Germany.

MOTHER
14. Maiden Name Barkley
15. Birthplace Germany.

16 (a) Informant Carl H. Zirkler
(b) Address 2013 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave

19 (a) MAR 7 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-1941, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6-1941, to 3-6-1941 and that I last saw him alive on 3-6 1941.

Immediate cause of death Decpn Cardio Vas Dis — Duration 1 wk
Due to Arteriosclerosis
Due to
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lew Parks M. D.
Address 5 E Lanvale Date signed 3/6

VS 3

78308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-41 Registered No. F 78308

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 N. Glover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Glover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Sophia Wilke

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Wilke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5-1853

8. AGE: Years 87 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Baeto - Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name dont know
13. Birthplace Germany

MOTHER
14. Maiden Name dont know
15. Birthplace Germany

16 (a) Informant Mrs. M. Fischer
(b) Address 120 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/1941 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location

18 (a) Funeral director John G. Moran
(b) Address 3080 E. Baltimore

19 (Date rec'd by registrar) MAR 7 - 1941 (b) Interring or Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6 1941, at 5:00 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 1/5 1941 to 3/6 1941, and that I last saw h alive on 3/6 1941.

Immediate cause of death Uremia polycystic Kidneys
Contributory, but not a direct cause of death
Due to
Due to
Other Conditions Pyaemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: ? / 9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert E. Silberstein M.D.
Address 2959 N. Charles Date signed 3/6/41

78309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X / 111-C

F 78309 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville Withers Ave.
(c) Hospital or institution: St. Agnes Hospital 25-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 269 Clyde Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Dobson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Harry K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 - 1889

8. AGE: Years	Months	Days	If less than one day
51	6	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Colleron
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Sterling
15. Birthplace Maryland

16 (a) Informant E N Dobson
(b) Address Catonsville Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10-41 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Catonsville Apts

18 (a) Funeral director Edward Tomlinson
(b) Address 2359 Washington Blvd

MAR 7 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941, at 1:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1941 to 3-6-1941, and that I last saw her alive on 3-6-1941.

Immediate cause of death	Duration
Chronic Passive Congestion	one
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Anasarca, Chronic passive congestion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Smith M. D.
Address St. Agnes Hosp Date signed 3/10/41

59285-FD

78310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78310
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as well as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 17das.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Wilson st. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife David Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20-1894

8. AGE: Years	Months	Days	If less than one day
46	7	15	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Kleigh Lee
13. Birthplace N.C.

MOTHER
14. Maiden Name Maggie Friday
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/41 (month) (day) (year)
(c) Cemetery or crematory Iron Sta.
Location North Carolina.

18 (a) Funeral director Charles Hooper
(b) Address 514 N. Calhoun St.

19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1941, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 1940 to 3-5 1941, and that I last saw h alive on 3-5 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1½ hrs
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-6-41

78311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

Registered No. F 78311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4826 Rolandclw
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2 7 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4826 Rolandclw (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Mary Christine Gaskins

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex female **5. Color or race** White **6 (a) Single, married, widowed, or divorced.** Widow

6 (b) Name of husband or wife Charles C. Gaskins

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6 1860

8. AGE: Years 81 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Alex. H. Schulz
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Statuser
15. Birthplace Germany

16 (a) Informant The misses Gaskins (sister)
(b) Address 4826 Rolandclw

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar 8 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 108 W Mount Ave.

19 MAR 7 1941 Waiting for Witness

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1941, to March 6, 1941, and that I last saw her alive on March 6, 1941.

Immediate cause of death Uremia — **Duration**

Due to Senility, Chronic Interstitial Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jeannette K. Heghinian, M.D.

Address 5528 Loch Raven Blvd Date signed March 7, 1941

PRINT WITH TYPEWRITER, WITH SPREADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 94-01

F 78312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3716 Kimball Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3716 Kimball Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William K. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth E. Smith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	9	19	hr. min.

9. Birthplace Maryland
(Town, county and state)
10. Usual Occupation Retired Driver
11. Industry or business Standard Oil Co.

FATHER
12. Name John H. Smith
13. Birthplace W. Va.

MOTHER
14. Maiden Name Theresa Griffith
15. Birthplace Maryland

16 (a) Informant Millard K. Smith
(b) Address 3716 Kimball Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location

18 (a) Funeral director Lehnert & Donovan
(b) Address 3615-17 Labyrinth Ave.

(Date rec'd by registrar) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1941, at 1 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/5/41

F 78313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

F 78313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3715 Falls Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

137

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME John Mentis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary Mentie
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years: about 63 | Months | Days | If less than one day: hr. min.
9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business Greek Orthodox Church

FATHER
12. Name Peter Mentis
13. Birthplace Greece

MOTHER
14. Maiden Name Mary ?
15. Birthplace Greece

16 (a) Informant Mary Mentis
(b) Address 3715 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thomas J. Donovan
(b) Address 361 [illegible] Thursday [illegible]

19 (a) Date rec'd by registrar 3/10/41 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsch M.D. (Medical Examiner)
Date signed 3/6/41

F 78314

BALTIMORE CITY HEALTH DEPARTMENT

60116 DH

CERTIFICATE OF DEATH

48-N

F 78314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 1106 Weldon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Carr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	widowed

6 (b) Name of husband or wife Milton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1868

8. AGE: Years	Months	Days	If less than one day
72	2	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name J. William Stowell
13. Birthplace Mass.

MOTHER
14. Maiden Name Josephine Nichols
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor Ave.

18 (a) Funeral director Edmund H. O'Donovan
(b) Address 2615-17 Eastwood Ave.

19 (a) (Date filed by registrar) Washington Nov. 10 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1941, at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1940 to 3-7 1941. and that I last saw her alive on 3-6 1941.

Immediate cause of death	Duration
Squamous cell carcinoma of cervix & metastases	1 yr.
Due to Hypertensive cardiovascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Coroner

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey A. Fehle Jr. M. D.
Address Baltimore City Hosp. Date signed 3-7-41

78315
392791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. E 78315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Warwick ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Luby

F 12364 - Birth

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-40

8. AGE: Years	Months	Days	If less than one day
	7	24	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name FRANK Luby
13. Birthplace Md

MOTHER
14. Maiden Name Marg Miller
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Wallace Cook
(b) Address 1219 E Pratt St

MAR 8 1941 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 6 1941, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-7 1941, to MAR-6 1941, and that I last saw h.i.M alive on MAR-6 1941.

Immediate cause of death: Bronchopneumonia
Due to: Pyelonephritis
Due to:
Other Conditions: Malnutrition, Mental retardation
(Include pregnancy within 3 months of death)

Duration
1 month
10 days

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walton
Address Baltimore Date signed 3/7/41
M. D.

78316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ Registered No. F 78316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 S.EAST AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S.EAST AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SADIE SELIG

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN M.SELIG
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB.10 1870

8. AGE: Years	Months	Days	If less than one day
71	0	24	hr. min.

9. Birthplace PENNA. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE LEITZ
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant JOHN M.SELIG (HUSBAND)
(b) Address 316 S.EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.10/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 Filed MAR 8 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 6 1941, at 5.35 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to Mar 6 1941, and that I last saw h.. alive on Mar 6 1941.

Immediate cause of death Generalized Arteriosclerosis
Due to Chr. Interstitial Pancreas Fibrosis
Due to Impacted Fecal
Other Conditions None
(Include pregnancy within 3 months of death)

Duration
3-1-38
3-1-41

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eisenhammer.
Address 542 S Eaton St. Date signed 3-7-41 M. D.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 78317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 F O & Phila. Road 26 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecelia Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife EDWARD WILLIAMS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 26 1891

8. AGE: Years	Months	Days	If less than one day
49	6	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name CHARLES ABURN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELLA ORR
15. Birthplace BALTO. MD.

16 (a) Informant EDWARD WILLIAMS (HUSBAND)
(b) Address 6808 PHILADELPHIA RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 10/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

MAR 8 - 1941 (Date rec'd by Registrar) (b) Huntington Williams Mgr. (Signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1941, at 1:40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture L. 2nd Cervical vertebra (Broken neck)	
Due to Multiple fractures	
Due to Multiple lacerations, abrasions & bruises	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-6-41
(c) Where did injury occur? 6800 block Phila. Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? (Passenger car)
(e) Means of injury Pedestrian, struck by Automobile

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-6-41

78318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78318

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 300 Woodlawn Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) About 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ------

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 300 Woodlawn Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Harry C. Sanner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anne Wells

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 54	---	--	-- hr. -- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER

12. Name Alexander A. Sanner

13. Birthplace Maryland

MOTHER

14. Maiden Name Ann V. Graham

15. Birthplace Maryland

16 (a) Informant Mrs. John W. Reinhart

(b) Address 300 Woodlawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick & Loudon Avenues

18 (a) Funeral director H. W. Mears and Son

(b) Address 805 N. Calvert Street

19 MAR 8 - 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941, to March 6 1941, and that I last saw h[illegible] alive on March 5 1941

Immediate cause of death

Pulmonary Edema — Duration 1 day

Due to Chr. Myocarditis — Duration ?

Due to Acute Pleurisy — Duration 2 wks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. B. Leinbach M. D.

Address 1901 Eutaw Pl Date signed 3. 7. 41

78319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 78319

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3435 Guilford Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Charles Hesson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband ~~or wife~~ Kate C. Webb
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1861

8. AGE: Years	Months	Days	If less than one day
79	5	18	--hr. ---min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Shirt Manufacturer

FATHER
12. Name John Hesson
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Yingling
15. Birthplace Maryland

16 (a) Informant Arthur B. Nickerson
(b) Address 3435 Guilford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

MAR 8 1941 for Hunting for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 6.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1941, to 3/6 1941, and that I last saw h[illegible] alive on 3/6 1941.

Immediate cause of death — Bronchopneumonia — Duration 4 days
Cardiac failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. H. Turbin M. D.
Address Sinai Hospital Date signed 3/6/41

78320 61

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-2 F 78320 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Acosta (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 154 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa Passerini

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-40

8. AGE: Years	Months	Days	If less than one day
	2	11	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Narciso Passerini
13. Birthplace Italy

MOTHER
14. Maiden Name Madeline Antola
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 41 (month) (day) (year)
(c) Cemetery or crematory
Location Acosta Pa.

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

MAR 8 1941 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7 1941 at 12 22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1941 to Mar 7 1941 and that I last saw h[illegible] alive on Mar 19

Immediate cause of death: Hydrocephalus - communicating — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3-7-41
Major findings of operation: Hydrocephalus
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 3-7-41

F 8321
391791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a ✓ Registered No. F 78321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella Kirschnick

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-6656

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herman
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name James Pagrolooski
13. Birthplace Russia

MOTHER
14. Maiden Name Pauline
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John J. Grabbanckas Jr.
(b) Address 463 S. Paca St.

19 MAR 8 - 1941 (Date rec'd by registrar) (b) Thurston for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 5 1941, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 17 1941, to MAR 5 1941, and that I last saw her alive on MAR 5 1941.

Immediate cause of death	Duration
Malignant cachexia	
Due to Carcinoma of cervix	10 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hiram C. Kelly M.D. M. D.
Address Date signed

VS 8

78322 EVANCIK

BALTIMORE CITY HEALTH DEPARTMENT 119-a

CERTIFICATE OF DEATH

Registered No. 78322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument W. 2 Rutland Ave
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Veronica Evancik - Balto - F 1989 ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28-40

8. AGE: Years | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Pete Evancicw
13. Birthplace Poland

MOTHER
14. Maiden Name Emilia Ratajczak
15. Birthplace Baltimore Md

16 (a) Informant Pete Evancicw
(b) Address 3126 Elliott St

17 (a) A (Burial, cremation, or removal) (b) Date thereof 3-8-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J Pupeda
(b) Address 2829 Hudson St

19 (a) MAR 8 1941 (b) Huntingtown Williams Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1941, at 6.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1941 to 3-6 1941, and that I last saw h[er] alive on 3-6 1941.

Immediate cause of death	Duration
Emaciation & dehydration	appro. 1 week
Due to diarrhea	6 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Sinai Hospital Date signed 3/7/41

78323

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

Registered No. E 78323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Egerton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Egerton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence W. Levy

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 216-05-0676

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Carolyn F. Levy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1898

8. AGE: Years	Months	Days	If less than one day
42	4		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Auto. Salesman
11. Industry or business Zell Motor Co.

FATHER
12. Name Isaac Levy
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hattie Rosenstock
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Clarence W. Levy
(b) Address 3808 Egerton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harris Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) MAR 8 - 1941 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 7 1941 at 2.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Mar. 7 1941 and that I last saw him alive on Mar. 6 1941.

Immediate cause of death: Angina Pectoris — Duration: 5 yrs.
Due to: Coronary Arteriosclerosis
Due to:
Other Conditions: Obesity, Diabetes Mellitus — 5 yrs. +
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W Garis
Address 700 Cathedral St. Date signed 3/7/41

VS 3

78324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. E 78324

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Egerton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Egerton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 10

3 (a) FULL NAME ROSE COHEN

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1861.

8. AGE: Years 79 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Louis Cohen,
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Haas,
15. Birthplace Germany.

16 (a) Informant Mrs. Bertha C. Rose,
(b) Address 3805 Egerton Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) [illegible] (b) Huntington Williams, M.D.

MAR 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1941 at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1932, to March 7 1941, and that I last saw h[illegible] alive on March 7 1941.

Immediate cause of death
coronary occlusion.
Due to hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Immediate
9 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Whitehorne M. D.
Address 1720 Eutaw Place Date signed

78325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78325

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto Md
(b) Street address — 1559 Woodyear St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto Md (b) County
(c) City or town 559 Woodyear St
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Negro	Yr

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1891

8. AGE: Years	Months	Days	If less than one day
49	6	8	hr. min.

9. Birthplace Middlesex Co Va
(town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Christopher Robinson
13. Birthplace Middlesex Co Va

MOTHER
14. Maiden Name Maria Robinson
15. Birthplace Middlesex Co Va

16 (a) Informant Anna Doggett
(b) Address 1559 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Cedar Hill

(d) Funeral director Va Brooks
(e) Address 1463 N. Carey St

19 (a) 1941 (Date received by registrar) (b) Hunting for Williams, M.D. 6/5/41

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/41 19 at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22 1941, to 3/6 1941, and that I last saw h/e alive on 3-5 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 10 da.

Due to Hemiplegia

Due to Left Side

Other Conditions Gastritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R Boykin M. D.
Address 1312 Strickey Date signed 3/7/41

F 78326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-D

F 78326

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Fremont Ave St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah High

If U.S. Veteran specify WAR .....

(a) Residence: No. 818 Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W High

6. DATE OF BIRTH (month, day, year) ? 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Chase

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Magnor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edith Moses

(Address) 818 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL Md

Place Lowe Mailboro Date 3/9 19 41

19. UNDERTAKER Geo. L. Watson

(Address) 1303 Pennsylvania Ave

20. MAR 8- 1941 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1941 to Mar 5 1941

I last saw h alive on Mar 5 1941 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1938
Other contributory causes of importance: Cerebral Hemorrhage	1/27/41

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E William Frey M. D.

(Address) 19 W Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 78327 ✓ F 78327

cc 64239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 S. Durham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Huncher (Florence) Birth F 2707

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1941

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Huncher
13. Birthplace N.Y.

MOTHER
14. Maiden Name Florence Freze
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Samuel Rd.

18 (a) Funeral director M. J. Sedowski & Son
(b) Address 180 E. Lanvale St.

MAR 8 - 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1941, to March 7 1941, and that I last saw h[illegible] alive on Mar 7 1941.

	Duration
Immediate cause of death: Intracranial hemorrhage	17 hours
Due to: Birth injury	
Due to	
Other Conditions: Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospital Date signed 3-8-41

78328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-E F 78328

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 S Bouldin St. 6-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annastasia Marmash

If U. S. Veteran specify WAR

(a) Residence: No. 926 S Bouldin St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Peter Marmash

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Wasyl Stodolny

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Parasa Kwefa

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Marmash (Address) 926 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL Place Russian Holy Trinity Date 3-10 41

19. UNDERTAKER John Forda (Address) 2829 Hudson St

20. FILED MAR 8 - 1941 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1941

22. I HEREBY CERTIFY, That I attended deceased from June 10 1940 to March 5 1941

I last saw h[illegible] alive on March 5 1941 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Month, Day, Year)
Carcinoma of left Buccal area.	

Other contributory causes of importance:

Extension to left side of face & orbit C. [illegible] metastases

Was an operation performed? Biopsy Date of June 11 1940

For what disease or injury?

Name of operation Biopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abram Freed M. D.

(Address) 316 Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 78329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0

F 78329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2552 W. Lombard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2552 W. Lombard Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Capt. GEORGE MOHR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie L. Mohr
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) August 7, 1863

8. AGE: Years	Months	Days	If less than one day
77	10	26	--- hr. --- min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Capt. of sailing vessels
11. Industry or business " (Retired)

FATHER
12. Name Adam Mohr
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Koenig
15. Birthplace Germany

16 (a) Informant Mrs. Lillie L. Mohr
(b) Address 2552 W. Lombard Street

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 8. 41 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEMETERY
Location BALTIMORE CITY

18 (a) Funeral director A. B. Shipley & Sons
(b) Address 1300 EUTAW PLACE

19 (a) MAR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH March 5 1941, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941 to March 6 1941, and that I last saw him alive on May 5 1941

Immediate cause of death: Coronary Thrombosis
Coronary Artery Sclerosis
Due to Hypertension Kidneys
Arteriosclerosis
Due to
Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norbert C. Nitsch M. D.
Address 2151 Wilkens Ave. Date signed 3/7/41

Dr. N. Nitsch

78330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 78330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie C. Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife James C. Lawrence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14-1873

8. AGE: Years 67 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Henry Stietz
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Broede
15. Birthplace Germany

16 (a) Informant Emory Lawrence
(b) Address 1820 N. Broadway

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3-10-41. (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway.

MAR 8- 1941 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7-41. 19 ; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 3-7-41 19 .
and that I last saw h er alive on 3-7-41 19 .

Immediate cause of death: Generalized carcinomatosis — Duration: 1 yr.

Due to Carcinoma colon and rectum — Duration: 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatous recto-vaginal fistula.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Yeager M. D.
Address Medical Arts Bldg Date signed

VS 3

F 78331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 375 Evesham Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 375 Evesham Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRIET THEARLE RILEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 17, 1854

8. AGE: Years	Months	Days	If less than one day
86	5	17/9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mark Thearle
13. Birthplace Isle of Wight - England

MOTHER
14. Maiden Name Harriet Wright
15. Birthplace Trenton, N. J.

16 (a) Informant Mr. Glen M. Riley
(b) Address 1420 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 8 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar (b) Address

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 8:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Mar 6 1941, and that I last saw h.. alive on Mar. 5 1941.

Immediate cause of death	Duration
Chronic Myocarditis	
Hypertension	
Due to Arteriosclerosis	
Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Joseph Tankey M. D.
Address 441 S. Ellwood Av Date signed 3/7/41

F 78332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 78332

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E. Chase Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. Chase Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME CHARLES ALEXANDERA WEBB

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-01-6807	Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 19, 1872

8. AGE: Years	Months	Days	If less than one day
68	3	17	hr. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Yeaton Coal Company

FATHER
12. Name Dr. Jos. A. Webb
13. Birthplace Shippensburg, Penna.

MOTHER
14. Maiden Name Fannie Carter
15. Birthplace Sykesville, Maryland

16 (a) Informant Mrs. Emma Webb James
(b) Address 3252 N. Carlisle Street, Phila.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2nd 1941 to March 6th 1941 and that I last saw him alive on March 5th 41.

Immediate cause of death LaGrippe — Duration 5 days

Due to ---

Due to

Other Conditions Pleurisy — 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Mangatiord M.D.
Address 401 E. 25th. St., Date signed 3/7/41.

F 78333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78333 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 St Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Charles Sauter (Harry Charles Sauter)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1871

8. AGE: Years 70 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Wm Sauter
13. Birthplace Md.

MOTHER
14. Maiden Name Agatha Zschudy
15. Birthplace Md.

16 (a) Informant Records at U. M. H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 8 - 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1941, to March 6 1941, and that I last saw him alive on March 6 1941.

Immediate cause of death: Cardiac failure — Duration

Due to: Coronary occlusion

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fleetwood E. Chatard M. D.
Address Univ. Memorial Hosp. Date signed 3-6-41

F 78334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

F 78334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Whitridge Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Harry Willower (Harry Augusta Willower)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marion Dickerson Willower
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	3	hr. min.

9. Birthplace: Hublersburg, Pennsylvania (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Isaac Willower
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: ? Markel
15. Birthplace: Pennsylvania

16 (a) Informant: Mrs. Oswald Schmidt
(b) Address: 4005 Belle Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North Huntingdon Williamsport, Md.

19 (a) MAR 8 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941, to March 7 1941, and that I last saw him alive on March 7 1941.

Immediate cause of death	Duration
alkalosis	
Due to Carcinoma of Esophagus	
Due to	
Other Conditions Advanced Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operation Ca. of Esophagus
Of autopsy Same.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed 3-7-41

VS 3

78335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 78335 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 Annapolis Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 Annapolis Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Fritz

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary E Fritz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19th, 1877

8. AGE: Years	Months	Days	If less than one day
63	11	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Box Maker
11. Industry or business Retired

FATHER
12. Name Conrad Fritz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Heilock
15. Birthplace Germany

16 (a) Informant Mary E Fritz
(b) Address 2235 Annapolis Road

17 (a) (Burial, cremation, or removal) (b) Date thereof March 10th. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover St.

19 MAR 8- 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to March 7 1941 and that I last saw him alive on March 6 1941

Immediate cause of death: Coronary Thrombosis — Duration: 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schlomfelg M. D.
Address 230 Annapolis Rd Date signed March 7, 1941

78336

HEALTH DEPARTMENT—CITY OF BALTIMORE

78336

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 St. Paul St. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Camsadel Cornelia Norris

(a) Residence: No. 3026 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Steven Foxwell Norris

6. DATE OF BIRTH (month, day, year): Feb 14, 1865

7. AGE: Years 76 | Months 0 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): Feb 1941

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Maryland

FATHER

13. NAME: James Stewart Robinson

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME: Armanella Shipley

16. BIRTHPLACE (city or town) (State or country): Shipley Maryland

17. INFORMANT: Mrs Nellie Norris

(Address): 3026 St Paul St.

18. BURIAL, CREMATION OR REMOVAL

Place: London Park Cem Date: 3/8/ 1941

19. UNDERTAKER: John O. Stifel & Sons Inc

(Address): 1900 Eutaw Place

20. FILED: MAR 8 – 1941 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1941, to March 6, 1941

I last saw her alive on March 6, 1941. Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset 3/3/41

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis M Kluck M. D.

(Address) 715 Park ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. E 78337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

B-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Hebron

3 (b) If veteran, name war 1917-18

3 (c) Social Security Account No. 217-07-4418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Emeltha Branch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/89

8. AGE: Years	Months	Days	If less than one day
51	11	21	20 hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual Occupation Janitor & Chauffeur

11. Industry or business

FATHER
12. Name John Hebron
13. Birthplace Balto Co, Md

MOTHER
14. Maiden Name Emily Carroll
15. Birthplace Balto. Co. Md

16 (a) Informant Pacos - U.S. Marine Hosp
(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 MAR 8 - 1941 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 41, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Embolism — Duration

Due to Subacute bacterial endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/8/41

78338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 E. Registered No. F 78338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 W. Ostend St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAUL G. SIECK Birth F 19721

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1940

8. AGE: Years	Months	Days	If less than one day
	3	5 7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Arthur F. Sieck
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Seidig
15. Birthplace Baltimore, Md.

16 (a) Informant Arthur F. Sieck (Father)
(b) Address 1203 W Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Bowan & Son.
(b) Address 901 Hollins St.

MAR 8 - 1941 (Date rec'd by registrar) (Huntington Williams M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 8 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5 1941 to Mar 7 1941, and that I last saw h[illegible] alive on Mar. 7 1941.

Immediate cause of death Congenital abnormality of the Heart

Due to

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration: from Birth

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Lupik M.D.
Address St Joseph Hosp. Date signed 3/7/41 M. D.

F 78339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 W Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 W Fayette
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Poach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1868

8. AGE: Years 72 | Months 3 4 | Days | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Poach
13. Birthplace Ireland

MOTHER
14. Maiden Name Not known
15. Birthplace Ireland

16 (a) Informant Robt Drechsler
(b) Address 2901 Windsor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George A Tinley
(b) Address Fulton & Fayette

MAR 9 - 1941
(Date rec'd by registrar) Hunting Town Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941, to March 7 1941, and that I last saw h er alive on March 7 1941.

Immediate cause of death Cardiovascular disease — **Duration**

Due to Arteriosclerosis

Due to

Other Conditions Large ulceration of leg

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagrott M. D.
Address 1729 W. Lombard St Date signed March 8 '41

VS 3

F 78340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78340
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Appleton St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry H. Levelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate Levelle (Stricken)
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1865

8. AGE: Years 76 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Captain

11. Industry or business Balto. City Jail

FATHER
12. Name Edward F. Levelle
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Jane Laughran
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Kate Levelle
(b) Address 615 Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10. 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Pleasant Cemetery
Location 4300 Old Frederick Road

18 (a) Funeral director Edmund W. Corkins Son
(b) Address 924 E. Eager St.

19 (a) Filed MAR 8 1941 (Registrar's signature) (b) Transcribed by (initials) Hattie Toy Williams H.T.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 Th. 1941, at 145 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1- 1941, to Mar 6 1941, and that I last saw him alive on Mar 6 1941.

Immediate cause of death Asthenia Pulmonary Pleurisy (Left Lung) Senility. Duration

Due Myocarditis

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Hatch M. D.
Address 2151 Eutaw Ave Date signed 3/8/41

F 78341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106-B

F 78341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 Hebbe St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (city)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Hebbe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Amelia Kern

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph Kern
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER 12. Name Monroe Smith
13. Birthplace —

MOTHER 14. Maiden Name Katherine Jordan
15. Birthplace —

16 (a) Informant Daughter Mrs. Granver Neff
(b) Address 127 Hebbe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Agg

18 (a) Funeral director Elizabeth Starke Inc.
(b) Address 115 E. West St.

19 (a) MAR 9 1941 (Date received by registrar) (b) Hunter Jay Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to death 19 , and that I last saw h Sr alive on March 7 1941.

Immediate cause of death
Arteriosclerosis
Emphysema
Due to Chronic bronchitis
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy as above

Duration
?
?
6 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Acton M.D.
Address Med. Arts. Bldg Date signed 3/8/41

894069
78342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 78342
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 N Stricker (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Ennis
3 (b) If veteran, name war —
3 (c) Social Security Account No. — — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep

6 (b) Name of husband or wife Margaret
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1873

8. AGE: Years	Months	Days	If less than one day
68 67	—	—	— hr. — min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired farmer
11. Industry or business

FATHER
12. Name Jos. Ennis
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Harrod
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Lenox Annapolis Co. Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 Mc Culloh St.

19 (a) MAR 9 1941 (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 6 1941, at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941 to Mar 6 1941. and that I last saw h alive on Mar 6 1941.

Immediate cause of death: Arteriosclerotic nephritis & uremia — Duration

Due to

Due to

Other Conditions Chronic fever & common duct stone.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinoma of Ampulla of Va[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Date signed 3-9-41

F 78343 ✓ F 78343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Handy Fields

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1886

8. AGE: Years 55 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Lynchburg Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Dennis Fields
13. Birthplace Va

MOTHER 14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mrs Hattie Richmond
(b) Address Old Kent Rd + Ohio Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hearn
(b) Address 578 N. Bradford St.

19 (a) 1941 (Date received by registrar) (b) Burial Permit No. 8

MAR 5 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941 at 9 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 March 7 1941 and that I last saw him alive on March 7 1941.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 week

Due to: Hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H. Watts

Address 515 Arlington Ave Date signed 3/8/41 M. D.

F 78344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 78344

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5826 Pennington ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4815 Pennington ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME August A. Freund

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Mary E. Freund

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 13, 1866

8. AGE: Years	Months	Days	If less than one day
74	2	25	hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business

FATHER

12. Name: Frederick Freund

13. Birthplace: Germany

MOTHER

14. Maiden Name: Dorothea

15. Birthplace: Germany

16 (a) Informant: Mrs Maggie Grant

(b) Address: 1114 N. Gustavus St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 10 1941 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Baltimore

18 (a) Funeral director: A. Howard Evans

(b) Address: 1400-02 Druid Hill Ave

MAR 9 — 1941 (a) (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1941, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1941, to Mar. 8 1941, and that I last saw him alive on Mar. 7-1941.

Immediate cause of death: Bronchio - Pneumonia — Duration: 1 week

Due to:

Due to:

Other Conditions: Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: —

(b) Date of occurrence: —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury: —

23. Signature: Wilhelmina Scott M. D.

Address: 4815 Pennington ave Date signed: 3-8-41

F 78345

Bonnie M Daehnke

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78345

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hodgens Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Poplar Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Born in Arbutus years

3 (a) FULL NAME Bonnie Margaret Daehnke (Daehnke)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1940

8. AGE: Years	Months	Days	If less than one day
	2	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Wm E. Daehnke.
13. Birthplace Md.

MOTHER
14. Maiden Name Rita Curley.
15. Birthplace Md.

16 (a) Informant William Daehnke.
(b) Address 13 Poplar Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Linden Hill
Location

18 (a) Funeral director J. Vernon Gaertner.
(b) Address 2301 Lanvale Ave

19 (a) (Date rec'd by Registrar) (b) Registrar

MAR 9 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 5 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Lobular Pneumonia — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner.)
Date signed 3-8-41

F 78346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78346

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 Cold Spring Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County City

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2541 Aisquith St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Spengler

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Johanna (Etzel)

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 12th, 1866

8. AGE: Years 74 | Months 2 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Maryland
(Town, county, and State)

10. Usual Occupation Core-maker Retired.

11. Industry or business Copper Works

FATHER
12. Name Frederick Spengler
13. Birthplace Germany

MOTHER
14. Maiden Name (Unknown)
15. Birthplace Germany

16 (a) Informant Loretta Cumming

(b) Address 2541 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Baltimore Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Avenue

19 (a) Filed MAR 8 1941 (month) (day) (year) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1941 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1941, to March 8 1941, and that I last saw h[illegible] alive on March 5 1941.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. H. Fuhrmann M. D.

Address 2324 Pennsylvania Ave Date signed 3/9/41

F 78347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 78347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Caroline & Oliver St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mosler Mary Ludmilla (Stafford.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant St Joseph Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeem[illegible]
Location

18 (a) Funeral director Leonard J Pyck
(b) Address 5305 Radford Rd

19 (a) MAR 9 1941 (b) Huntingtor Hillsboro Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 4 26 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1940 to March 7 1941, and that I last saw h[illegible] alive on March 7 1941.

Immediate cause of death Appendicial Abscess — Duration 4 hr.?

Due to Ruptured Appendix

Due to

Other Conditions Complicated by Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operation Appendicial Abscess

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baier M. D.
Address St Josephs Hosp Date signed 3-7-41

F 78348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 78348

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3332 Virginia Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME William J. Bernstein
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ron
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) 10-10-1884

8. AGE: Years	Months	Days	If less than one day
56	4	26	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Tailoring

FATHER
12. Name Geo Bernstein
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael Rictno
15. Birthplace Russia

16 (a) Informant Wife
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery Old Gaston
Location Herring Run
18 (a) Funeral director Jules Louis Joe
(b) Address 1439 E. Balto St
19 (a) Date rec'd by Registrar MAR 9 - 1941 (Signature of Registrar) Certificate for William Goldfarb

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941 at 5:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1941, to 3-8 1941, and that I last saw him alive on 3-8 1941.

Immediate cause of death Coronary Occlusion — Duration
Due to Arteriosclerosis and Myocardial Damage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Hoffman
Address Md. General Hosp. Date signed 3/8/41 M. D.

78349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78349

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. 5607 Roland Ave Melvill Nursing Home St., 7 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mary Steiner (115 N. Exeter St)

(a) Residence: No. 5607 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Colored or White — U. S. Veteran — Civil or WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kalman

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Prock

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Amelia Hoffman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Kalman Steiner
(Address) 115 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 3-9-41. 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Biddle

20. FILED MAR 9 - 1941 19 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1941 to Mar 9 1941

I last saw her alive on Mar 9 1941 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	2
Severe Secondary anemia	
Terminal Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) 1520 Hollins ST.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-4 F 78350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 E 41 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 E 41 St
(If rural give location)
(e) If foreign born, how long in U. S. A.? , years

3 (a) FULL NAME Margaret N. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 - 14

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	—	12		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Ralph Russell
13. Birthplace W. Va

MOTHER
14. Maiden Name Katie Marshall
15. Birthplace Va

16 (a) Informant Mrs. Katie Russell
(b) Address 706 E 41 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Shawnee Cem.
Location Staunton, Va

18 (a) Funeral director Tom J. Pickerell & Sons
(b) Address Read & Pal Sts.

19 MAR 9 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 6 1941, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1937, to Mch 6 1941, and that I last saw her alive on Mch 6 1941.

Immediate cause of death
Metastatic Carcinoma
Lungs Spine etc
Due to Chronic Pancreatic Fibrosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1937

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alma B Lemmon M D
M. D.

Address 718 N. Patterson Pk Date signed 3/7/41

F 78351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78351 Registered No. 93-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 E. 28th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

G-6

3 (a) FULL NAME George Peterson Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1917

8. AGE: Years	Months	Days	If less than one day
23	4	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business

FATHER
12. Name Geo H. Peterson
13. Birthplace Md.

MOTHER
14. Maiden Name Gertrude M Rogge
15. Birthplace Baltimore

16 (a) Informant Mrs. G. H. Peterson Sr.
(b) Address 1705 E. 28th St

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Fahey Sons
(b) Address 1218 Light St

19 MAR 9 - 1941 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941, at 8.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1941 to March 6, 1941, and that I last saw him alive on March 6, 1941.

Immediate cause of death Rheumatic Cardio-vascular disease With Congestive Failure — **Duration** 1 yr. 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Earl Keefe, M. D.

Address Mercy Hospital, Date signed March 6/41

F 78352 Brewer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V131-a

F 78352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Alexandria (RURAL)
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD # 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Luther Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Mrs. James L. Brewer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1884

8. AGE: Years	Months	Days	If less than one day
56		11	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Brick Contractor
11. Industry or business

FATHER
12. Name Joel A. Brewer
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nancy E. Brewer
15. Birthplace North Carolina

16 (a) Informant W. L. Brewer
(b) Address Lincolnia Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-9-41 (month) (day) (year)
(c) Cemetery or crematory
Location Alexandria Va

18 (a) Funeral director J. S. Gurley
(b) Address Alexandria Va

19 (a) MAR 9 1941 (Date received by Local Reg.) (b) Hunting for Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9 1941, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1941, to Mar. 9 1941, and that I last saw him alive on Mar. 9 1941.

	Duration
Immediate cause of death Uremia	
Due to Hypertension	
Due to Nephritis	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 3/9/41

Gorman

HEALTH DEPARTMENT—CITY OF BALTIMORE

78353

CERTIFICATE OF DEATH ✓ 83 F 78353

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 379 Park ave St. 4-1 Ward)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaretha Gorman

If U. S. Veteran specify WAR _____

(a) Residence: No. 379 Park ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lemon Gorman

6. DATE OF BIRTH (month, day, year): Dec 9th 1863

7. AGE: Years 77 | Months 3 | Days 0 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Elijah Branch

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Nash

16. BIRTHPLACE (city or town) (State or country): Amherst

17. INFORMANT: Lamar Gorman (Address) 379 Park ave

18. BURIAL, CREMATION OR REMOVAL.
Place Mt Olivet Date 3/12, 1941

19. UNDERTAKER: William Cook (Address) 1217 St Paul St

20. FILED MAR 10 1941, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/9/41, 19___

22. I HEREBY CERTIFY, That I attended deceased from 2/6/41, 19___ to 3/9/41, 19___

I last saw alive on 3/9/41, 19___ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Duration of disease

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

VS 2

INSTRUCTIONS: WRITE LEGIBLY AND WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3921 Clovercrest Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Clovercrest Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank H. Wright

3 (b) If veteran, name war No
3 (c) Social Security Account No. 215-05-4175
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lida
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 2 - 1880
8. AGE: Years 60 Months 8 Days 5 If less than one day hr. min.
9. Birthplace Balto Co Md (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Rockland Bleach Mfg Co

FATHER
12. Name Thomas Wright
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Hall
15. Birthplace Maryland

16 (a) Informant Mrs Lida Wright
(b) Address 3921 Clovercrest Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10th 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 MAR 10 1941 (Date received by Registrar) Filed for Williams MD (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1941, at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1923 to March 7 1941, and that I last saw h alive on March 7 1941.

Immediate cause of death: Coronary Thrombosis — Duration 10 days
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George M Dittle
Address 2430 Maryland Ave Date signed 3/8/41

F 78355

78355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 E. 31st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 E. 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora C. Wirth

3 (b) If veteran, name war 10

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Wirth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22nd 1869

8. AGE: Years 73 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Sfg

FATHER
12. Name Henry Feuhrmann
13. Birthplace Germany

MOTHER
14. Maiden Name McKeown
15. Birthplace

16 (a) Informant Lula Swiss
(b) Address 1710 E. 31st St

17 (a) Balto (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery Balto
Location "Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 10 1941 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1-41 to 3-6 1941 and that I last saw h[illegible] alive on 3-6-41

Immediate cause of death: Hypertensive Heart & Kidney Disease — Duration 6 days

Due to

Due to acute Cardiac Dilatation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wallace M.D.

Address 1710 E. 31st St Date signed 3-7-41

F 78356

F 78356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78356 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville (If outside city limits, write RURAL and give town)
(d) Street No. 670 Military Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 years ✓

3 (a) FULL NAME: Mrs Amelia Lentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 78 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER
12. Name Conrad Lentz
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Steinlein
15. Birthplace Germany

16 (a) Informant Family
(b) Address 911 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Tillman & Co
(b) Address 1219 E Cold St

19 (a) 3-10-1941 (Date received by Registrar) (b) Registrar
Registrar for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1941 at 7 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1941 to 3-7 1941 and that I last saw her alive on 3-7 1941.

Immediate cause of death: Bronchopneumonia
Due to: Pleurisy & effusion
Due to: Arteriosclerotic Cardiac & hypertension & decompensation
Other Conditions

Duration: over ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Tompkins
Address Md. General Hosp Date signed 3/12/41

F 78357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyoming Park Drive

(c) Hospital or institution: U. S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1622 Hollins Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harry N Ashby

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 8 1861

8. AGE: Years	Months	Days	If less than one day
79	8	1	..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name John R. Ashby

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Dawtry ?

MOTHER 15. Birthplace Baltimore

16 (a) Informant Patient

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Fulton & Co

(b) Address 1219 E Fort Ave

19 (a) ..... (b) ..... (Date received by registrar) Registrar

3-10-1941

VS 8

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9. 1941, at 2 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25/41 19.. to 3/9/41 19.. and that I last saw h[illegible] alive on 3/9/41 19..

Immediate cause of death: Left Cerebral Hemorrhage — Duration 13 days

Due to: Right Hemiplegia — 13 days

Due to: Arterial Hypertension

Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Left Cerebral Thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Emerson H. Fluhrer M. D.

Address U. S. Marine Hospital Date signed 3/9/41

F 78358

C. D. Smith

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 78358

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Light St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret G. Flynn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1876

8. AGE: Years 64 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace City
(Town, county, and state)

10. Usual Occupation Funeral Director

11. Industry or business

FATHER
12. Name Daniel Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary J. Quillin
15. Birthplace City

16 (a) Informant Maurice J. Flynn
(b) Address 1422 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Date received by Registrar MAR 10 1941 (b) Registrar's No. 108

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 6th 1941, at 1:15 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18/41 19... to 3/6/41 19...; and that I last saw h.. alive on 3/6/41 19...

Immediate cause of death	Duration
Myocarditis Heart failure	
Due to Pneumonia	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Curtis C. Smith M. D.
Address 817 Park Ave. Date signed 3/11/41

F 78359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 78359
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3339 Windsor Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3339 Windsor Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie E. Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Daniel B. Chambers
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 8, 1871

8. AGE: Years 69 | Months 9 | Days 27 29 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Eugene Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Emilie Walsh
15. Birthplace Md.

16 (a) Informant Daniel B. Chambers
(b) Address 3339 Windsor Avenue, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.

19 (c) MAR 10 1941 [illegible] Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7/41 19 . at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to March 7/41 19 . and that I last saw h[illegible] alive on March 6 1941.

Immediate cause of death: Carcinoma Right breast: operated Dec 1938 — Duration: about 1 year

Due to

Due to

Other Conditions Metastasis in right lung & spine

(Include pregnancy within 3 months of death)

Major findings:
Of operations — Dec 1938 Carcinoma right breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallie Stubbs M. D.
Address 2220 Garrison Blvd. Date signed

M. D. B. 1262-9

78360

F 78360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4606 Ochsley Road St. 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Bertram Weaver

(a) Residence: No. 4606 Ochsley Road St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Samuel Chase Weaver 43

6. DATE OF BIRTH (month, day, year): 2-17-1893

7. AGE: Years 48 | Months = | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Penna.

FATHER

13. NAME: John O. Bartram

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Edwina Moore

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Samuel Chase Weaver

(Address) 4606 Ochsley Road

18. BURIAL, CREMATION, OR REMOVAL: Druid Hill Park Date Mch 12 1944

(Place)

19. UNDERTAKER: John Oursler Sons

(Address) 1900 Eutaw Place

20. FILED MAR 10 1944 Hunting Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8, 1944

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1941 to March 8, 1944

I last saw her alive on March 8, 1944. Death is said to have occurred on the date stated above, at 11-46 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Cerebral Hemorrhage	2/27/44

Other contributory causes of importance:

Name of operation: No Date of:

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) M. Hiram Porter M. D.

(Address) 4822 Roland Ave

78361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-a

F 78361
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct answer is not known, please say so. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Oakley Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Ruff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1941

8. AGE: Years	Months	Days	If less than one day
		1	36 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation PARKVILLE
11. Industry or business

FATHER
12. Name Frederick E. Ruff
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ruth A. Davis
15. Birthplace Chesterfield County, Va

16 (a) Informant Frederick E. Ruff
(b) Address 5 Oakley Ave JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Taylor Ave

18 (a) Funeral director Howard R. Bright Jr
(b) Address 4914 Belair Road

19 (a) (Signature rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1941 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death — Duration
Asphyxia pallida
Due to Birth injury
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address [illegible] Date signed 3/9/41

Baltimore
Dr. Howard L. Maldei, Jr. Com.

F 78362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 78362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 N. Kenwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sobias Keppler

3 (b) If veteran, name war No

3 (c) Social Security Account No. no number

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 8-1872

8. AGE: Years 68 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business

FATHER
12. Name George Keppler
13. Birthplace Switzerland

MOTHER
14. Maiden Name Janette Strohmeyer
15. Birthplace ? Baltimore

16 (a) Informant Mrs Alice Pettinger
(b) Address 138 N Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2 [illegible] Gilmore

19 (a) [illegible] 1941 (Date received by Registrar) (b) Hunter Foot Williams, M.D. Registrar

MAR 10 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1941, to 3/8 1941, and that I last saw him alive on 3/8 1941.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to:

Due to:

Other Conditions: — own

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Brain Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Infirmary Date signed 3/9/41

F 78363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78363

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 753 Esler St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 7m/12s

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 753 Esler St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Toogood Bath F 22324

3 (b) If veteran, name war: Child

3 (c) Social Security Account No. Child

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-41

8. AGE: Years | Months 1 | Days 7d | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER

12. Name Charles Toogood

13. Birthplace Md

MOTHER

14. Maiden Name Helen Jordan

15. Birthplace Balto City

16 (a) Informant Carrie Jordan

(b) Address 753 Esler

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ct

Location Balto Md

18 (a) Funeral director Isaac L. Brown & Son

(b) Address 168 W Montgomery St

MAR 7 1941 (Date rec'd) (Registrar) Interring for William Hall

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1941, at 12 N. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1941, to 3/8 1941, and that I last saw h— alive on 3/8 1941.

Immediate cause of death — Duration

Bronco-Pneumonia — 3 da

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D. Arnold

Address 661 W Bruce Date signed 3/9/41

78364

F 78364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 Pontiac Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Pontiac Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Linsenmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Fem.	White	Widow

6 (b) Name of husband or wife John Linsenmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 1875

8. AGE: Years	Months	Days	If less than one day
66	1	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Linsenmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Bowers
15. Birthplace Germany

16 (a) Informant Joseph Linsenmeyer
(b) Address 206 Audrey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A A Co

18 (a) Funeral director Bernard C Hartke
(b) Address 121 E West St.

19 (Date rec'd by registrar) (Registrar) Instructor Williamsport

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to March 8 1941, and that I last saw h[illegible] alive on March 8 1941.

Immediate cause of death	Duration
Chronic Myocarditis	4 mo.
Due to Uterine Seleris	6 mo.
Due to Chronic Bronchitis	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D S Wheeler MD
Address 1279 Pelham Pl Date signed 3/9/41 M. D.

F 78363r 63468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D

F 78365 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (Outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Argyle Avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME
estelle sinclair

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1888

8. AGE: Years	Months	Days	If less than one day
52 ?	5	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Joshua Mercer
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet Smith
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn B. Q. cor 3rd

18 (a) Funeral director Baker & Jamieson & Knight
(b) Address 2218 E Eldersley St

19 MAR 10 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1941, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941, to 3-6 1941.
and that I last saw her alive on 3-6 1941.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Hypertension C.V.D.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rackham M. D.
Address Balto. City Hosp. Date signed 3-7-41

VS 3

F 78366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78366
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 N. Howard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 N. Howard Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Wynne

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 17th 1868

8. AGE: Years	Months	Days	If less than one day
72	4	21	hr. min.

9. Birthplace Grove, Va. (Town, county, and state)
10. Usual Occupation Retired detective
11. Industry or business

FATHER
12. Name William R. Wynne
13. Birthplace Virginia

MOTHER
14. Maiden Name Betty Henderson
15. Birthplace Virginia

16 (a) Informant Mrs. Ella Mae Barnsley
(b) Address 3009 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-1941 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Howard County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) MAR 10 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 4 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939, to March 8, 1941, and that I last saw him alive on March 8 1941.

Immediate cause of death	Duration
Coronary Thrombosis	3/8/41
Due to Pyelitis, chronic	12/5/39
Due to Nephritis, chronic	12/5/39
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Allen Deckert M. D.
Address 1127 St Paul St Date signed 3/8/41

F 78367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78367 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VIRGINIA DAVIS BAYLY FOREMAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph F. Foreman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 29, 1861

8. AGE: Years 79 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace: Princess Anne Co., Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: William C. Bayly
13. Birthplace: Princess Anne, Co., Md.

MOTHER
14. Maiden Name: Elizabeth Wales
15. Birthplace: St. Michael's, Maryland

16 (a) Informant: Miss Helen Foreman
(b) Address: 216 W. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory: Baker's Cem.
Location: Aberdeen, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc
(b) Address: North & Pa. Avenues

19 (a) MAR 10 1941 (Date received by Registrar) Huntington Nottingham, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1941, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to March 8 1941, and that I last saw her alive on 19 .

Immediate cause of death: Cardiac decompensation — Duration: 1 month
Cardio nephrosclerosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thomas M. Settle
Address: 2435 Maryland Ave Date signed: 3/8/41

F 78368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

Registered No.

F 78368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. No 11 Linden Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LINWOOD Price BROOKHART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lula M. Brookhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1875

8. AGE: Years 65 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Harford Co - Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER 12. Name John Thos. Brookhart

13. Birthplace Harford Co Md.

MOTHER 14. Maiden Name Mary Standiford

15. Birthplace Balto

16 (a) Informant Mrs Lula M Brookhart

(b) Address 11 Linden Ter. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill

Location Towson Md

18 (a) Funeral director Wm J Pickus & Sons

(b) Address N W Pa Ave

19 (a) MAR 10 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 12 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage subdural

Due to Fracture of base of skull

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 26, 1941
(c) Where did injury occur? Washington & Pennsylvania Towson, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury fall from fire truck to road

23. Signature H. L. Williams M.D. 2nd Medical Examiner.

Date signed 3-9-41

VS 6

F 78369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 78369 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Maryland Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME MORRIS C. TURNER

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida F. Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1865

8. AGE: Years 76 | Months 2 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Anne Arundel Co. Maryland
(Town, county, and state)

10. Usual Occupation Commission Merchant

11. Industry or business C. N. Merritt & Bro.

FATHER
12. Name Wm. B. Turner
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louisa S. Brotherton
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Ida F. Turner
(b) Address 2613 Maryland Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Penna. Avenues

19 MAR 10 1941 (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1941, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Mar 7, 1941, and that I last saw him alive on Mar 7, 1941.

Immediate cause of death Coronary Thrombosis — **Duration** —
Due to Cardiac Hypertrophy — 2 mos
Due to Arteriosclerosis — 2 yrs
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E Cross M. D.
Address 28 W 25th St **Date signed** 3-[illegible]-41

VS 3

F 78370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No.

F 78370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Rosedale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

541

3 (a) FULL NAME Annie R. Talbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Charles B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1858

8. AGE: Years	Months	Days	If less than one day
82	11	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hugh R. McGuirk
13. Birthplace Unknown

MOTHER
14. Maiden Name Rebecca Disney
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. V. Russell Riley
(b) Address 3405 Rosedale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto City

18 (a) Funeral director Wm J. Tighe & Sons
(b) Address Mark & Pa Aves

19 (a) MAR 10 1941 (Date received by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1941, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture, st femur	
Coronary Sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-22-41
(c) Where did injury occur? 3405 Rosedale Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)
(e) Means of injury Fell to floor while walking

23. Signature Wm B. Gardner Gift M.D. Medical Examiner.
Date signed 3/8/41

F 78371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 1st Registered No. F 78371

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 South Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 S. Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. HARTNETT

3 (b) If veteran, name war No
3 (c) Social Security Account No. 214-01-4623

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary E Hartnett
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 16, 1877

8. AGE: Years 63 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Oilman (Journeyman)
11. Industry or business Standard Oil Company

FATHER
12. Name John Hartnett
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Mary Hartnett
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 1 1941 (month) (day) (year)
(c) Cemetery or crematory Abingdon M.E. Cem
Location Abingdon Md

18 (a) Funeral director Roman W. Singleton
(b) Address Ger Bernie, Md.

19 (a) Date rec'd by registrar MAY 1 1941 (b) Registrar Huntington Williams, MD

FS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Illuminating gas poisoning — Duration
Due to: Suicide
Due to: Mental despondency
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 10th, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury gas stove burner

23. Signature H. L. Wallenmaier M.D. Medical Examiner.
Date signed 3-10-41

F 78372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F-78372 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 2628 Loyola Southway
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1153 N Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Suskin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Labe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Fishel ?

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah ?

15. Birthplace Russia

16 (a) Informant Louis Suskin

(b) Address 1153 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 10. (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros

Address 1124 1126 W North Ave

MAR 10 1941

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1941, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939, to Mar. 9, 1941. and that I last saw her alive on Mar. 9, 1941.

Immediate cause of death: a. Interstitial C V D

Due to: a. Hypertension

Due to:

Other Conditions Acute Pulmonary Edema — 4 hours

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: P

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. A. Ansorman M. D.

Address 2340 Eutaw Pl Date signed Mar-10, 1941

78373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a F 78373 Registered No.

F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 N Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvester Norwood Bath F20852

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Child

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1940

8. AGE: Years | Months 2 | Days 15th | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Sylvester Norwood Sr

13. Birthplace Ellicott City Md

MOTHER 14. Maiden Name Prentice Thomas

15. Birthplace Baltimore Md

16 (a) Informant Prentice S. Norwood (Mother)

(b) Address 1436 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Westport

18 (a) Funeral director V. E. Brooks

(b) Address 1463 Pennsylvania Ave Cor Carey St Baltimore, Md.

19. (a) MAR 10 1941 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation

Due to by bed clothes

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 8, 1941
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Suffocation

23. Signature William S. McKnight M.D. Medical Examiner Coroner
Date signed March 9/41

Howard L. Mullen M. D.

VS 6

F 78374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 78374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Georgetown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Georgetown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) **FULL NAME** Carl August Robert Tews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Katherine (nee Kopf)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1867.

8. AGE: Years	Months	Days	If less than one day
73	6	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Retired

FATHER
12. Name Tews
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Anna A. Tews.
(b) Address 2817 Georgetown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1941, at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1941, to March 8 1941, and that I last saw him alive on March 4 1941.

Immediate cause of death	Duration
Acute Cardiac Dilation	30 min.
Due to Chronic myocarditis	2 years
Due to Arteriosclerosis General	3 yrs.
Other Conditions Hemiplegia etc	3 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Gorham Manstone M. D.
Address 516 Cathedral St Date signed 3-9-41

F 78375

F 78375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 78375 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Whites ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Whites ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora M. Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife Henry K. Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
40 yrs			hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Randolph Hull
13. Birthplace Harford Co Maryland

MOTHER
14. Maiden Name Elitan Fourn Wolf
15. Birthplace Germany

16 (a) Informant Henry Green
(b) Address 2702 Whites ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co
Location Baltimore Md.

18 (a) Funeral director [illegible]
(b) Address 4603 Reisterstown Rd

19 MAR 10 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1941 at 9 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941 to March 8 1941 and that I last saw h alive on 19

Immediate cause of death
Pulmonary T. B. terminating in Exhaustion — Duration 3 yrs. 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Amelia E Link

Address 2211 Lake ave Date signed M. 3 D. 9/41

F 78376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78376 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1755 Darley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 Darley Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME : HERMAN W. STANGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha E. Stange
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 26, 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	0	9/11		

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Con. Gas & Electric Co.

FATHER
12. Name Diethrick Stange
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Friede
15. Birthplace Germany

16 (a) Informant Mrs. Bertha E. Stange
(b) Address 1755 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10. 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Maryland

18 (a) Funeral director T. B. Gibbert & Son
(b) Address 1300 EUTAW PLACE...C

19 MAR 10 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION P.

20. DATE OF DEATH March 7. 1941, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1941, to March 7 1941, and that I last saw him alive on March 6 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hr
Due to arterio Sclerosis	6 mo
Due to Chronic Interstitial Nephritis	6 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ------
Major findings of operation ------
of autopsy No.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence --- at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd. Date signed 3/ /41

Dr. F. A. Stevens.

F 78377

78377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1548 Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ada Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
61			..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unk
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mary Barton
(b) Address 600 Collett St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. A. Kelson
(b) Address 1303 Pennsylvania Ave Funeral Director for Williams, Reg.

19 (a) ..... (b) .....
(Date received by registrar) Registrar

VS 3 MAR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1941, to March 6 1941, and that I last saw h[illegible] alive on March 6 1941.

Immediate cause of death Myocarditis — Duration 3 months

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. T. Causey M.D.
Address 75 W. Lanvale Date signed 3/8/41

F 78378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-B

F 78378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 865 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Hansen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Willie P. Hansen
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) May 10, 1892

8. AGE: Years 48 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Benjamin Weakley
13. Birthplace Virginia

MOTHER 14. Maiden Name Martha Jenkins
15. Birthplace Virginia

16 (a) Informant Gladys Elizabeth Barron
(b) Address 2572 Holleys Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chas. H. Mauchlow Sons
(b) Address 118 W. Mt. Royal Ave

19 (Date rec'd by registrar) Huntington, Indiana, Mar 8 1941 Registrar

VR 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Rheumatic heart disease Mitral stenosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vanderstel M.D. Medical Examiner

Date signed 3/8/41

F 78379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 78379 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107. N. Belnord ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County ~
(c) City or town BALTIMORE. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 107. N. Belnord ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Tolson

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 213-05-8619

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lula. Tolson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11 1878

8. AGE: Years 53. | Months 6 | Days 3. | If less than one day hr. min. 16

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Chef in Lunch Room

11. Industry or business

FATHER
12. Name William Tolson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Laura. Rawling
15. Birthplace Baltimore Md.

16 (a) Informant Lula. Tolson
(b) Address 107. N. Belnord ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3. 10. 1941. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick ave

18 (a) Funeral director WENDELL J. DIPPEL
(b) Address 312. S. HIGHLAND Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 10 1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7th 1941, at 4:09 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11th 1941 to 3/6th 1941, and that I last saw h~ alive on 3/6th 1941.

	Duration
Immediate cause of death Myocarditis	2 days
Due to Pulmonary Edema	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Tankersley M. D.
Address 119 N. Milton Ave Date signed 3/9/41

F 78380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78380

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St. or Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Antoinette Oliver

If U. S. Veteran specify WAR

(a) Residence: No. 1518 Linden Ave St., Ward Baltimore, Md.

(Usual place of abode) Butler F 24708 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-10-41

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Wilson Oliver

14. BIRTHPLACE (city or town) (State or country) Johnson County North Carolina

MOTHER

15. MAIDEN NAME Nora Elizabeth Newsome

16. BIRTHPLACE (city or town) (State or country) Wayne County North Carolina.

17. INFORMANT Mother

(Address) 1518 Linden Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL Edmondson Burying Ground Date March 10 19 41

Goldsborough & Little

19. UNDERTAKER Both F. Little

(Address) 2100 Edmondson Ave

20. MAR 10 1941 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1941

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1941, to 3-10, 1941

I last saw her alive on 3-10-41, 19 Death is said to have occurred on the date stated above, at 3:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	3-10
Spina bifida	3-10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Blumenthal M. D.

(Address) W. B. G. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 78381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Walker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

12-2

3 (a) FULL NAME Charles Wolbert Haynes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
49			..... hr. ..... min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business own Business

FATHER
12. Name Wolbert Haynes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rider
15. Birthplace Emmitsburg, Pa.

16 (a) Informant Helen Haynes
(b) Address 707 Walker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Penny Woods & Son Co
(b) Address 1201 E. Eager St. Funeral Home, Baltimore, Md.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MAR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 1:37 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature William J. Holsclaw M.D. Medical Examiner.
Date signed 3/9/41

78382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78382 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Rosalie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leona Wiety

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Ferdinand Wiety
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19-1861

8. AGE: Years	Months	Days	If less than one day
79	9	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name F. Adam Bentz
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Forster
15. Birthplace Germany

16 (a) Informant Mamie E. Trimblett
(b) Address 2811 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard J. Pumphrey
(b) Address 5305 Harford Rd

MAR 10 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8, 1941, to March 8 1941, and that I last saw her alive on Mar 8, 1941

Immediate cause of death: Cerebral Hemorrhage — Duration 1 month
Due to Essential Hypertension
Coronary sclerosis
Due to Myocardial Insufficiency
Chronic nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney M. D.
Address 7101 Harford Rd Date signed 3/9/41

78383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Federal & Fraser Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSALIE COOK

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1931

8. AGE: Years	Months	Days	If less than one day
9	8	24	hr. min.

9. Birthplace Ellicott City Md (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Albert Cook
13. Birthplace Md

MOTHER
14. Maiden Name Emma Hall
15. Birthplace Md

16 (a) Informant Emma Hall
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1941 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md

18 (a) Funeral director J. C. Higinbotham
(b) Address Ellicott City Md

19 (a) MAR 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to March 7 1941, and that I last saw her alive on 3/7 1941.

Immediate cause of death Uremia

Due to acute nephritis

Due to Scarlet fever

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy acute nephritis Uremia

Duration
2 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin H. Sloss Jr. M. D.
Address Univ. Hosp. Date signed 3/8/41

VS 3

78384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 V

Registered No. E 78384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Franklin Square Hospital

(c) Hospital or institution: Corner Calhoun & Fayette Sts.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1141 W. Hamburg St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellsworth Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0526

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34	7	27	hr. min.

9. Birthplace Baltimore md. (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business

FATHER

12. Name James Arthur

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Clara

15. Birthplace

16 (a) Informant Elsie Arthur

(b) Address 1141 W Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Frederick Rd

18 (a) Funeral director Carnahan Inc

(b) Address 412-414 N. Franklin Town Rd

19 (a) MAR 10 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 9 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1941, to March 8 1941, and that I last saw him alive on March 8 1941

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Appendectomy	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A B Langhartry M. D.

Address Franklin Square Hosp Date signed 3-8-41

VS 3

F 78385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 78385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Scott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Scott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME William Vernon Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1940

8. AGE: Years 1 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Vernon Hawkins
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Dorothy Mackey
15. Birthplace Balto. Md

16 (a) Informant Albert Vernon Hawkins
(b) Address 1209 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick road

18 (a) Funeral director Ambrose Dyer
(b) Address 412-414 Frankfurt Ave

19 (a) MAR 10 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to March 7 1941, and that I last saw h[illegible] alive on March 1 1941.

Immediate cause of death: Bronchial Pneumonia — Duration: 5a Days

Due to: Upper Respiration Infection — Duration: 2 weeks

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fergus F. Knipp M. D.

Address 3030 Eastern Ave Date signed 3/8/41

F 78386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 78386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 N. Gay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest C Gentner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Elizabeth Gentner
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 15, 1856
8. AGE: Years 84 | Months 5 | Days 23 | If less than one day — hr. — min.
9. Birthplace Baltimore Md. (Town, county, and State)
10. Usual Occupation retired
11. Industry or business ✓

FATHER
12. Name unknown
13. Birthplace ✓

MOTHER
14. Maiden Name unknown
15. Birthplace ✓

16 (a) Informant John A Koehler
(b) Address 1717 Mercer
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Balto. Md.
18 (a) Funeral director Geo C MacNabb
(b) Address Catonsville Md.
19 (a) MAR 10 1941 (Date received by Registrar) (b) Thurlington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 2.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941 to March 8 1941, and that I last saw h in alive on March 7 1941.

Immediate cause of death: Cardiac Dilatation and Uraemia — Duration: 3 Days
Due to
Due to
Other Conditions: Myocardial Insufficiency, Chronic Nephritis, Arterial Hypertension, Cerebral Hemorrhage (Include pregnancy within 3 months of death) Nephritis
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert Greenberg M. D.
Address 2025 E North Ave Date signed 3/10/41

VS 8

78387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 78387 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Bolton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Bolton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances A. Wheeler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1862

8. AGE: Years	Months	Days	If less than one day
78	9	22	hr. min.

9. Birthplace New York St
(Town, county, and state)
10. Usual Occupation House Wife. Retired
11. Industry or business

FATHER
12. Name John Halpin
13. Birthplace New York State

MOTHER
14. Maiden Name Anna Loopings
15. Birthplace New York St

16 (a) Informant Frances W Lewis
(b) Address 1525 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) MAR 10 1941 (Date received by Registrar) (b) Weston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 7th 1941, at 550pm

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940. to March 1941. and that I last saw her alive on March 7 1941.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Coronary Sclerosis	2 days
Due to Arterio Sclerosis-generalized	years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nancy Ann Halpin M. D.
Address 20 E. Preston St. Date signed 3/12/41

F 78388

F 78388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Bentelou st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Morris Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-8977

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Cohen
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 4-1888

8. AGE: Years 53 | Months - | Days 5 | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Nathan Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel -
15. Birthplace Russia

16 (a) Informant Louis Cohen
(b) Address 2117 Eagle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Woodlawn Md

18 (a) Funeral director Clark Jenns Jr.
(b) Address 1439 E. Balt St

19 MAR 10 1941 (Date rec'd by registrar) (b) Thomas Leighton Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1941 at 2 20 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9, 1941. to Mar. 9, 1941. and that I last saw him alive on Mar 9 1941.

Immediate cause of death	Duration
Coronary Thrombosis	20 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vallmer M. D.
Address Mercy Hosp. Date signed 3-9-41

F 78389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ F 78389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Not known (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Gebhart ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Not known

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/1858

8. AGE: Years	Months	Days	If less than one day
82	9	29	hr. min.

9. Birthplace Not known (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Emiel Gebhart
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 10 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 10 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1941, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from A.M. March 4, 1941, to P.M. March 4 1941, and that I last saw h/m alive on March 4 1941.

Immediate cause of death Lobar Pneumonia — Duration Not known

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Meeks M. D.
Address Mercy Hosp. Date signed March 7, 1941

6351

10137 Charles St

F 78390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

F 78390 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 E. FAIRMOUNT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 E. FAIRMOUNT AVE
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH RASHEFSKY

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-01-3726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife TILLIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business FURS

FATHER
12. Name AARON RASHEFSKY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant TILLIE RASHEFSKY
(b) Address 1930 E. FAIRMOUNT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-10-41 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA. RD. & HAMILTON AVE

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

MAR 10 1941 (Date rec'd by registrar) (b) Interring [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-41 19 , at 10.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1938 to 3/9 1941.
and that I last saw him alive on 3/9 1941.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest Levin M.D.
Address 1711 W. Northern Date signed 3/10/41

78391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-1 Registered No. F 78391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BE MORE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Hampden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas B. Beatty

3 (b) If veteran, name war: Spanish Am.

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Scarlett Beatty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1873

8. AGE: Years 68 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Connellsville Pa
(Town, county, and state)

10. Usual Occupation Pipe fitter (Retired)

11. Industry or business

FATHER
12. Name John R. Beatty
13. Birthplace Pa.

MOTHER
14. Maiden Name Minerva Duncan
15. Birthplace Pa

16 (a) Informant Charlotte E. Beatty
(b) Address 2725 Hampden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)

(c) Cemetery or crematory Balto. Nat. Cem.
Location Baltimore, Md.

18 (a) Funeral director Linwood L. Covington
(b) Address 2611 W. 26th St

19 (a) MAR 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8-1941, at 8:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-9-41

78392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-a

F 78392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 588 W. Preston
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 588 W. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Williams
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-03-8994

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Georgianna Williams
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 9 1886

8. AGE: Years 54 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk - Laborer
11. Industry or business Coal Yard

FATHER
12. Name John Williams
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca Harris
15. Birthplace Md

16 (a) Informant Helen Tyson
(b) Address 588 Preston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Death) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balt. Md

18 (a) Funeral director Thomas A. Heyndey
(b) Address 578 N. Biddle St.

19 (a) (Signature of person who rec'd by registrar) (b) Registrar

VS 3

Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941 to Mar 7 1941. and that I last saw h alive on Mar 7 1941.

Immediate cause of death Septic Ulcer of Stomach — Duration 3 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Grier Rae M. D.
Address 1126 Druid Hill Date signed 3-9-41

E 78393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 78393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 E. 36th. Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 E. 36th. Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-3

3 (a) FULL NAME Mary V. Gordon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1859

8. AGE: Years	Months	Days	If less than one day
81	11	6	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John M. Busch
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann Reigle
15. Birthplace Md

16 (a) Informant Mary F. Hart
(b) Address 1112 E. 36th St

17 (a) Burial (b) Date thereof March 11, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olive
Location Randallstown

18 (a) Funeral director Fredrick A Cole
(b) Address 1700 W Lombard St

19 (a) MAR 10 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8- 1941, at 6:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Walsh M.D.
Medical Examiner.
Date signed 3-9-41

VS 6

78394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

Registered No. E 78394

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The corrector is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. ~~3932 Government Blvd~~ 1628 N. Fulton Ave

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs Agatha Halbig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1883

8. AGE: Years 57 | Months 10 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Christian Kogler

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant John J. Halbig

(b) Address 1628 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 12 / 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Martin Hyberger & Sons

(b) Address 1827 W. North Ave.

(a) ... (b) ... (Date rec'd by registrar) Registrar

VS 8

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1941, at 6:16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941, to 3-9 1941, and that I last saw h.e.r alive on 3-9 1941.

Immediate cause of death CIRCULATORY Collapse — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation — Duration

Major findings of operation: Brain Tumor and — Duration

of autopsy: — Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. C. Bound M. D.

Address Date signed

78395 OF 16066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

E 78395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR BEND

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Front Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Rooney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1860, 1863

8. AGE: Years	Months	Days	If less than one day
77-83 ?	0	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Rooney
13. Birthplace Ireland

MOTHER
14. Maiden Name Biddie Gray
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd. & Gwynns Falls Pkwy

18 (a) Funeral director Thos. J. Fahey Sons
(b) Address 1316 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12- 1938, to 3-7 1941, and that I last saw him alive on 3-7 1941.

Immediate cause of death	Duration
? ?Coronary thrombosis	1 day
Due to Generalized A.S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackem M. D.
Address Balto. City Hosp. Date signed 3-11-41

S 3

78396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78396

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3522 Greenmount Ave. (If rural give location)
(c) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Edwin Bouldin Fenby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of ~~husband~~ or wife Late Martha Smith Fenby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1852.

8. AGE: Years	Months	Days	If less than one day
88	3	16	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name William Fenby
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Mary Jones
15. Birthplace Md.

16 (a) Informant Dr. John B. Fenby
(b) Address 3522 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 Edmondson Ave.

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1941; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1941. to Mar. 8 1941, and that I last saw h~~im~~ alive on Mar. 7 1941.

Immediate cause of death: Chronic myocardial degeneration — Duration: 1936 – to 1941

Due to: Arteriosclerosis — Duration: 1931 – to 1941

Due to: Senility

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin Bouldin Fenby M.D.
M. D.
Address 3522 Greenmount Ave. Date signed 3-10-41

78397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 78397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 Franklin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Franklin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN GEORGE ROPP

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	212-09-1647

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen V. Ropp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1886

8. AGE: Years	Months	Days	If less than one day
54	10	0	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business American Wholesale - Retired

FATHER
12. Name George Ropp
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Fritsch
15. Birthplace Germany

16 (a) Informant Mrs. Helen V. Ropp
(b) Address 1807 Franklin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAR 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1941, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to 3/7 1941, and that I last saw him alive on 3/7 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence L. Arnold M. D.
Address 1945 N Balto Date signed 3/10/41

V8 3

78398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 78398

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Aycock (64100)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace N. Car.
(Town, county, and state)

10. Usual Occupation Factory Work

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Durham, N.C.
Location

18 (a) Funeral director Mrs. Katie R. Wiley
(b) Address 322 N. Schroeder St. Huntington, W. Va.

19 (Registrar's signature) MAR 10 1941 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1941, at 3:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3, 1941, to March 7, 1941, and that I last saw her alive on March 7, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration Nov. 1940.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Pattison M. D.

Address Balto. City Hospitals Date signed 3-7-41

F 78399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78399 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towsonville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Churchlane
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary L. Ensor

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 14 1892

8. AGE: Years	Months	Days	If less than one day
48	2	26	hr. ..... min.

9. Birthplace Baltimore Co Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis E Ensor
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Elizabeth A Smith
15. Birthplace Baltimore Co Md

16 (a) Informant Louis E Ensor
(b) Address 202 Church Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 129 E Saratoga St

MAR 11 1941 Interment Mt Olivet for Williamsport Md
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-41 1941, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12- 1941, to 3-9- 1941, and that I last saw her alive on 3-9- 1941.

Immediate cause of death Hypertension

Due to Chronic Nephritis

Due to .....

Other Conditions Bladder Sinus infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John C Baer M. D.
Address St Josephs Hosp Date signed 3-9-41

F 78400 F 78400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2530 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 13

3 (a) FULL NAME John Francis Hilgeman

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1851

8. AGE: Years	Months	Days	If less than one day
89	2	11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Prop. of Store

FATHER
12. Name George F. Hilgeman
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Costello
15. Birthplace Ireland

16 (a) Informant Mrs. Estelle Hilgeman
(b) Address 2530 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wilhelm Cook
(b) Address 1217 W. Fayette St.

19 MAR 11 1941 (Date rec'd by registrar) (b) Irvington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1917 to March 9 1941, and that I last saw h[illegible] alive on March 7 1941.

Immediate cause of death: Acute cardiac dilatation — Duration: 5 Months

Due to: Mitral Regurgitation — Many years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. H. Keene M. D.
Address 2425 Maryland Ave Date signed 3/9/41

VS 3

F 78401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. F 78401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Homestead St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Tittemeyer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Tittemeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1844

8. AGE: Years 96 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Wehrmann
15. Birthplace Germany

16 (a) Informant Mrs Sarah L. Schmidt
(b) Address 1439 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Nelson Co
(b) Address 1209 Park Ave

19 (Date received) MAR 11 1941 Registrar Hilliard Miller

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941 to Mar 9 1941, and that I last saw h[illegible] alive on Mar 1 1941.

Immediate cause of death — Duration
Myocardial Degeneration 1 yr.
Due to
Due to
Other Conditions Infirmities of Age
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. M. Herrmann
Address 1706 33 St Date signed 3/11/41

VS 3

F 78402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 0 Albemarle St.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 0 Albemarle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Madeleine Brossard

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: NONE

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henri Brossard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 4 1872

8. AGE: Years 68 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace: Yugoslavia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Frank Sotkonek
13. Birthplace: Austria-Croatia

MOTHER
14. Maiden Name: Mary Antonnon
15. Birthplace: Yugoslavia

16 (a) Informant: Mrs. Brossard
(b) Address: 0 Albemarle St

17 (a) (Burial, cremation, or removal) (b) Date thereof: 3-13-41 (month) (day) (year)
(c) Cemetery or crematory: Laurel Cemetery
Location:

18 (a) Funeral director: W M Cole
(b) Address: 1217 E Fayette St

19 MAR 11 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1941, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1941, to 3-10 1941, and that I last saw h ER alive on 3-9 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to	
Due to	
Other Conditions Arteriosclerosis	

General debility

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Atrophy and Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Kerrmann M. D.
Address Church Home & Inf Date signed 3/10/41

F 78403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 78403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 N Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 N Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A. Brantigan

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine Brantigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28. 1873

8. AGE: Years 67 | Months 6 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Stone Cutter Retired

11. Industry or business

FATHER 12. Name Adam Brantigan
13. Birthplace Germany

MOTHER 14. Maiden Name Richmond
15. Birthplace Germany

16 (a) Informant Mrs Catherine Brantigan
(b) Address 1522 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Mowland Park
Location Baltimore Co Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E Fayette St

MAR 11 1941 (Date received by Registrar) (b) [illegible] Baltimore, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1941, to 3/10 1941, and that I last saw h[illegible] alive on 3/10 1941.

Immediate cause of death Heart failure - decompensation

Duration 3/8/41 - 3/10/41.

Due to Arteriosclerotic cardio-renal disease. ?

Due to

Other Conditions Hypertension ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Hagerman M. D.
Address 1445 N. Gay St Date signed 3/10/41

F 78404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 78404 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2930 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Helena Heise

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John D. Heise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Nov~~ Sept 6 1865

8. AGE: Years	Months	Days	If less than one day
about 75	7	17	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sew

FATHER
12. Name John Dauterich
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Grill
15. Birthplace Germany

16 (a) Informant Alma Heise
(b) Address 2930 Guilford ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b)

MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 2 1941, to Mch 8 1941, and that I last saw ~~heard~~ alive on Mch 8 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	days
Due to Arteriosclerosis	2 yrs
Due to Myocarditis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma B Leaman M. D.
Address 718 N Patterson Pk Date signed 3/10/41

F 78405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

F 78405
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville, Baltimore Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Mallow Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Dietrich

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: white
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: August Dietrich
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 8 1879
8. AGE: Years 61 | Months 6 | Days 29 | If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Edward Seidel
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Margaret Mosberger
15. Birthplace: Balto. Md.

16 (a) Informant: Hazel Troyer
(b) Address: 233 Mallow Hill Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

MAR 11 1941 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 7th 1941, at 6:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7th 1941, to Mar 7th 1941, and that I last saw her alive on 19

Immediate cause of death	Duration
Myocardial failure	
Due to Carcinoma of Rectum with metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. A. Tierney M. D.
Address: A. H. If Date signed 3-14-41

VS 3

F 78406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

F 78406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument st

(c) Hospital or institution: Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md., (b) County Balto.

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3612 Hudson st. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rose Blair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frank S. Blair

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1893

8. AGE: Years 47 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Joseph Bialek

13. Birthplace Poland.

MOTHER 14. Maiden Name Catherine Lebdowicz

15. Birthplace Poland.

16 (a) Informant Mrs. Frank S. Blair

(b) Address 3612 Hudson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 12 (day) 41 (year)

(c) Cemetery or crematory Holy Rosary Cem

Location German Hill Road.

18 (a) Funeral director Stephen J. Feathowski & Co

(b) Address 1000 S. Kenwood Ave.

19 (a) MAR 11 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1941 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1941 to 3/8 1941 and that I last saw her alive on 3/8 1941

Immediate cause of death Heart failure — Duration

Due to Rheumatic heart disease (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M Heckh.

Address Sinai Hosp. Date signed 3/8/41

VS 3

F 78407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78407 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 N. Exeter St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Fannie Brown
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) June 30th 1887
8. AGE: Years 53 | Months 8 | Days 6 | If less than one day hr. min.
9. Birthplace Mobile Ala. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Brown
13. Birthplace Ala.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Lettie Moreno
(b) Address 26 N. Exeter St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn a. & e. sts. Md
18 (a) Funeral director Belfort Mamie V. Wright
(b) Address 1217 N. McElderry St
19 (a) — (Entered by registrar) (b) Hunting & Williams, M
MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1941 at 8 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941 to Mar 8 1941, and that I last saw h. alive on Mar 7 1941.

Immediate cause of death: Acute Lobar Pneumonia — Duration: Mar 5 1941
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo S Allen M. D.
Address 5 S. Broadway Date signed 3 Mar 41

F 78408

78408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 78408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann O. Waters

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 - 1863

8. AGE: Years 77 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Retired Teacher
11. Industry or business Balto Public Schools

FATHER
12. Name William A. Waters
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary A. Ruder
15. Birthplace Frederick. Md

16 (a) Informant Miss. Alice R. Waters
(b) Address 2030 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Filed MAR 11 1941 (Registrar) (b) [illegible] Williamson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to March 6 1941.
and that I last saw h[illegible] alive on March 6 1941.

Immediate cause of death	Duration
Due to Broncho Pneumonia	7 days.
Due to	
Other Conditions Parkinson's Disease, Paralysis Agitans (Include pregnancy within 3 months of death)	17 yrs

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature George R. Wiese
Address 4000 Edmondson Ave Date signed 3-18-41

78409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78409 Registered No. 94-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 E. 24th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E. 24th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Garrett Waller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lelia D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1857

8. AGE: Years 84 | Months 6 | Days 14 15 | If less than one day hr. min.

9. Birthplace Eastville Va (Town, county, and state)

10. Usual Occupation Retired Minister

11. Industry or business

FATHER 12. Name John Waller

FATHER 13. Birthplace England

MOTHER 14. Maiden Name Ellen Savage

MOTHER 15. Birthplace Eastville Va

16 (a) Informant D. R. Waller

(b) Address 411 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon Cem

Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) Date received by Registrar MAR 11 1941 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941 at 9:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.

Date signed 3/8/41

F 78410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-D

F 78410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? 69 years

3 (a) FULL NAME Henry Feldenheimer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1871

8. AGE: Years 69 | Months 8 | Days 89 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph Feldenheimer
13. Birthplace Germany.

MOTHER 14. Maiden Name Carrie Rothschild
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (month) (day) (year)
(c) Cemetery or crematory Mount Freedom
Location Belair & Conkling Sts
18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St

19 (a) Filed MAR 11 1941 (Registrar) (b) Permit issued

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1941, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941, to March 9 1941, and that I last saw him alive on 19

Immediate cause of death Respiratory failure and acute myocardial dilatation | Duration
Due to Carcinoma of Prostate c metastasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wm. Frumkoff, M.D.
Address Temple Gordon Apts. Signed 3/9/41

F 78411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 5411 Old Frederick Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Edgar Bennett

3 (b) If veteran, name war: World

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug 30 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	6	10		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Poultry Dealer

11. Industry or business Self

FATHER

12. Name Wm H Bennett

13. Birthplace Md

MOTHER

14. Maiden Name Annie E Long

15. Birthplace Md

16 (a) Informant Wm H Bennett

(b) Address 300 Mt Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Geo A Fuhrman

(b) Address Fulton & Fayette

19 (a) ... (b) ... (Date received by registrar) Brighton

MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21, 1941 to March 9 1941 and that I last saw h[illegible] alive on March 8 1941

Immediate cause of death: Cardiac decompensation

Due to: Arteriosclerotic cardiovascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration: 3 months; Several years

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Roop M. D.

Address Mercy Hospital Date signed 3-9-41

78412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78412 514 Druid Pk

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 Rock Glen Rd St. (Hospital) Ward 4

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

Registered No. ___
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr Edwin Forrest Eberts

If U. S. Veteran specify WAR ___

(a) Residence: No. 414 Rock Glen Rd St. (705-05-2017) Ward 55
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced, HUSBAND of ~~(or WIFE of)~~ Elizabeth Gertrude Shea

6. DATE OF BIRTH (month, day, year) May 24th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	9 11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe Fitter B&O R.R.

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edwin F. Eberts Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christina Schaefer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Elizabeth G. Eberts
(Address) 414 Rock Glen Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/12/41

19. UNDERTAKER Jno. Wilfred Sons
(Address) 2503 Edmondson Ave

20. FILED MAR 11 1941 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1941 to March 9 1941

I last saw him alive on March 9 1941. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	3/6/41
Other contributory causes of importance: Lobar Pneumonia	3/27/41

Was an operation performed? no Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
No If so, specify ___

(Signed) Eugene L. Cummings M. D.

(Address) 514 Druid Park

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

HEALTH DEPARTMENT—CITY OF BALTIMORE

78413

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Washington Blvd St., 21-2 Ward)

Registered No. 78413

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Helena Wirth

If U. S. Veteran specify WAR ...

(a) Residence: No. 829 Washington Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Wirth

6. DATE OF BIRTH (month, day, year) May 29-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Cherlier

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Catherine Roos

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna Wirth

(Address) 829 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL St. Pauls Cemetery Date 3/13/41 19...

Violetville

19. UNDERTAKER Geo. Meyer & Son

(Address) 5503 Edmondson Ave

MAR 11 1941

Registrar.

Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10th, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1-6-1940 to 3-10-1941

I last saw h[illegible] alive on 3/10/1941 Death is said to have occurred on the date stated above, at 8:15 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart failure	
(Arteriosclerotic heart disease)	
Other contributory causes of importance	
Arteriosclerosis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis Sheer M. D.

(Address) 926 Westlake Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 78414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3452 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Ruby.
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1937

8. AGE: Years	Months	Days	If less than one day
3	3	23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roger Ruby
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Schaenabel
15. Birthplace Md.

16 (a) Informant Father
(b) Address Same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Lehmonwerth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Signature and title) (b) Date received MAR 11 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 11:0 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6 1941, to Mar 8 1941, and that I last saw her alive on Mar 8 1941:

Immediate cause of death Bronchopneumonia.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp. Date signed 3/12/41 M. D.

F 78415

78415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 York Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 York Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Coale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1862

8. AGE: Years	Months	Days	If less than one day
79	2	5	hr. min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Isaac Webster Coale
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martha Davis
15. Birthplace Harford County, Md.

16 (a) Informant Mrs. Martha C. Brockenbrough
(b) Address 16 York Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Trinity Church
Location Churchville, Maryland

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

MAR 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1941, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1941, to 3-9 1941, and that I last saw him alive on 3-9, 1941.

Immediate cause of death Myocarditis & coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Ewell Jr M. D.
Address 3926 Greenmount Ave Date signed 3-10-41

36 York Court

VS 8

78416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 78416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Collins

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9496

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/17

8. AGE: Years	Months	Days	If less than one day
23	2	12	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Russell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Vernoll Sherron
15. Birthplace North Carolina

16 (a) Informant Vernoll Collins
(b) Address 125 N. Dallas St

17 (a) Burial (b) Date thereof 3/12/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Floyd A. Wilson
(b) Address 1000 Brantley ave

19 (a) (b)
(Date received by registrar)

MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of heart

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Homicide
(b) Date of occurrence 3/8/41
(c) Where did injury occur? Inf. of 127 So Caroline St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Bullet wound

23. Signature W. F. Gandy M.D.
Medical Examiner.

Date signed 3/8/41

78412 64128 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 — Registered No. E 78417

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Highland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country Germany

3 (a) FULL NAME Amelia Hesse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1855

8. AGE: Years	Months	Days	If less than one day
85	3	13	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Snyder ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director John E. Mulloy, Inc.
(b) Address 2445 E. Oliver St.

MAR 11 1941 (Date rec'd by registrar) (b) Huntingtown Hollins, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1941, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941, to 3-9 1941, and that I last saw h[er] alive on 3-8 1941.

Immediate cause of death: Fracture neck of left femur — Generalized Arteriosclerosis — Duration: 3 days / 3

Due to:

Due to:

Other Conditions: Fracture neck of left femur — 7 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-2-41 at 2 P.M.
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down in home

23. Signature Frances A. Gallert M. D.
Address Baltimore City Hosp. Date signed 3-9-41

N. J. Mulford, M.D. Chief Medical Examiner
per E.E. Brantigan

78418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 78418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 E. Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT A BELTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-5570

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Elizabeth Belton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1890

8. AGE: Years	Months	Days	If less than one day
50	5	24	hr. min.

9. Birthplace D. C. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Allen Belton
13. Birthplace D. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace D. C.

16 (a) Informant Robert A. Belton
(b) Address 521 Argyle St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory D. C.
Location Winnsboro S. C.

18 (a) Funeral director Joseph D. Locke Jr
(b) Address 1304 N. Central Ave

19 (a) Date of burial MAR 11 1941 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 12 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Septicemia	
Due to Burns, 2nd & 3rd degree, head, chest arms and back	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident (?)
(b) Date of occurrence March 1st, 1941
(c) Where did injury occur? 601 N. Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? barber shop (Specify type of place) While at work? no
(e) Means of injury fell over oil stove when

23. Signature H. W. Williams M.D. Acting Medical Examiner.
Date signed 3-10-41

by Phelps

78419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 Registered No. E 78419

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 S. Castle St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ulrich Anthony Bergler

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1872

8. AGE: Years	Months	Days	If less than one day
69	1	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business "

FATHER
12. Name Andrew Bergler
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Hauer
15. Birthplace Germany

16 (a) Informant Margaret Bergler
(b) Address 108 S Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4500 Belair Rd.

18 (a) Funeral director Martin W. E. Appel's Son
(b) Address Lombard & Arch Sts.

19 (a) MAR 11 1941 (Registered) Transcription for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1941, to March 8 1941, and that I last saw h[illegible] alive on March 8, 1941.

Immediate cause of death	Duration
Coronary Thrombosis	2 mos.
Due to Aortic Sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eugene L. Peterson M. D.
Address 514 Cherry Lane Date signed March 10 1941

F 78420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-4 F 78420

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Appleton St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Huggins

If U. S. Veteran specify WAR

(a) Residence: No. 706 Appleton St., Ward. Bath F 19228

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19. 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	19 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Arthur C. Huggins

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Dorothy M Leopold

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Arthur C. Huggins

(Address) 706 706 Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 11. 1941

19. UNDERTAKER Harry H Welzke

(Address) 4101 Monument East

20. MAR 11 1941 19... Washington Funeral Home, Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9. 1941. to March 10. 1941

I last saw him alive on March 10. 1941. Death is said to have occurred on the date stated above, at 2:26 A.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Interna Hydrocephalus	1-29-40
Other contributory causes of importance: Diarhea	2-26-41

Was an operation performed? Yes Date of 2-20-41

For what disease or injury? Hydrocephalus

Name of operation Exploration for Glioma Tumor

What test confirmed diagnosis? Air Injection Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Wallenstein M. D.

(Address) 1137 St

V8 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78421 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Dom
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant 1443 Eastlake Ave
(b) Address Bertha Johnson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location AA Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 108 W Montgomery St

19 MAR 11 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Helfrich M.D. Medical Examiner
Date signed 3/9/41

VS 6

F 78422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78422 Registered No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Spring Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Spring Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francesco Fava

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Constance D'Antoni
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1880

8. AGE: Years	Months	Days	If less than one day
60	11	9	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Restaurant

FATHER
12. Name Andrew Fava
13. Birthplace Italy

MOTHER
14. Maiden Name Nicoletta Cimino
15. Birthplace Italy

16 (a) Informant Wife
(b) Address 2706 Spring Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 1954 Baltimore St

19 (a) MAR 11 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8- 1940 to 3-8- 1941 and that I last saw him alive on 3-7 1941.

	Duration
Immediate cause of death acute dilatation of heart	3 days
Due to Chronic nephritis + hypertrophy of	3 yrs.
Due to Luetic of aortic valve	14 mo.
Other Conditions Cardio renal -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Smarch M. D.
Address Medical Arts Bldg Signed

VS 2

F 78423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 78423
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 236 Laurens Street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 Laurens Street
(If rural give location) -----
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME CAROLINE ELIZABETH POLK

3 (b) If veteran, name war -----
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife ----C. Clark Polk
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 10, 1876

8. AGE: Years	Months	Days	If less than one day
64	10	--	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John H. Prussing
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline C. Kimmel
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Clark Polk
(b) Address 236 Laurens Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location

18 (a) Funeral director Chas. F. Sauer Undertaker
(b) Address 118 W. Mt. Royal Ave

19 (Date rec'd by registrar) APR 1 1941 Clifton T. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10 1941, at 11:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1936, to 3/10 1941, and that I last saw her alive on 3/9 1941.

	Duration
Immediate cause of death: Diabetic Coma	4 days
Due to: Diabetis Mellitis	4 years
Due to: ------	--
Other Conditions: Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo W. Margetts M.D.
Address 401 E. 25th. St. Date signed 3/11/41.

F 78424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 964 Franklintown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W. Monument Street Mt. Vernon Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS PORTER CLARK

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-05-5543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna Butt Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28, 1904

8. AGE: Years	Months	Days	If less than one day
37	0	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Secretary
11. Industry or business Y. M. C. A.

FATHER
12. Name Samuel W. Clark
13. Birthplace New Jersey

MOTHER
14. Maiden Name Beulah Parks
15. Birthplace New Jersey

16 (a) Informant Mrs. Edna B. Clark
(b) Address 964 Franklintown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) [illegible] (b) Hunter Lyon Williams M.D. Registrar

MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1941, at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to March 10 1941, and that I last saw h— alive on March 6 1941.

Immediate cause of death: Carcinoma Dilatans — Duration: 6M

Due to: Malignant Hypertension — Duration: 6M

Due to:

Other Conditions: nephritis — Duration: 4M

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. L. French M. D.
Address 7379 Crimea Date signed March 3 1941

F 78425

SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

F 78425

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? 30 yrs. (Yes or No)
If yes, name country

3 (a) FULL NAME George Malcer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/1867

8. AGE: Years	Months	Days	If less than one day
73 74	2	25	hr. min.

9. Birthplace Romania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Sam Malcer
13. Birthplace ?

MOTHER
14. Maiden Name Sarah ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) UNIVERSITY MEDICAL SCHOOL (b) Date thereof MAR 11 1941 (month) (day) (year)
(c) Cemetery or crematory
Location COMMISSIONER OF HEALTH

18 (a) Funeral director Par H. A. Moore
(b) Address

19 (a) MAR 11 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941, to 3-4 1941, and that I last saw him alive on 3-3 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 Days
Due to Arteriosclerotic H. dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun, M.D.
Address Balto. City Hosp. Date signed 3-10-41

F 78426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 78426 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Collett st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 n. Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Regina Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1883

8. AGE: Years	Months	Days	If less than one day
57 58	3	25	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Texas

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Regina Brown
(b) Address 1018 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Leo. H. Kelson
(b) Address 1303 Presstmens

19 MAR 11 1941 (c) [illegible]
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1941 at 30 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said a (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Aneurysm of aorta	
Due to Syphilis, cardiovascular	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3-10-41

VS 6

8

F 78427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 581 Laurens Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 581 Laurens Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Abram Abraham Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: A. A.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maggie Walker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874
8. AGE: Years 67 Months — Days — If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Maggie Walker
(b) Address 581 Laurens Street

17 (a) Mt Auburn (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. O. D. Kelson
(b) Address 1303 Pressman St

MAR 11 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1941, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1941, to 3/9 1941, and that I last saw him alive on 3/5 1941.

Immediate cause of death: Bronchopneumonia — Duration: 24 hrs
Due to:
Due to:
Other Conditions: Sinusitis - Arteriosclerosis - Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Carson L. Johnson M. D.
Address 1501 Pennsylvania Ave Date signed 3/11/41

VS 8

78428 HEALTH DEPARTMENT—CITY OF BALTIMORE 78428

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 927 N Stricker St. (Ward) 16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. Length living in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Allen B. Ashley

If U. S. Veteran specify WAR

(a) Residence: No. 927 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Ashley

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Ashley

(Address) 927 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 3/12 19 41

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 19

Registrar.

MAR 11 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th 1941

22. I HEREBY CERTIFY, That I attended deceased from March 1941 to March 1941

I last saw h[illegible] alive on March 1941 Death is said to have occurred on the date stated above, at 4:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-2-41

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Coleman M. D.

(Address) 2039 McCulloh

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78429 over F 78429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Gelston Dr. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Virginia M. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John G. Ward

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1896

8. AGE: Years 44 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name Wm. G. Meade

13. Birthplace Md

MOTHER 14. Maiden Name Ellen Bowman

15. Birthplace Md

16 (a) Informant John G. Ward

(b) Address 3517 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41. (month) (day) (year)

(c) Cemetery or crematory Lorraine Pk.

Location Woodlawn - Md

18 (a) Funeral director Harry H. Lutzke

(b) Address 410 Edmondson Ave Catonsville, Md

19 MAR 11 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 10 1941, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 8 1941, to 3 - 10 1941, and that I last saw h[illegible] alive on 3 - 9 1941.

Immediate cause of death Carcinoma of breast with metastasis

Duration 20 years?

Due to

Due to

Other Conditions Metastasis & brain

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Means M. D.
Address Redwood & Green Sts University Hosp. Date signed 3-10-41

VS 8

F 78430

64146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 28430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Irene Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Separated

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1900

8. AGE: Years	Months	Days	If less than one day
40	7	2 3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Bryant
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Mattingly
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nutter
(b) Address 4944 E. Monument

19 MAR 11 1941 (Date rec'd by registrar) (b) Huntington Pottsville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1941, at 5:54 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941, to 3-9 1941, and that I last saw h[illegible] alive on 3-9 1941.

Immediate cause of death	Duration
Renal tuberculosis	2 yrs
Due to Pulmonary tuberculosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Fehlert M.D.

Address Baltimore City Hosp. Date signed 3-9-41

VS 3

F 78431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a Registered No. F 78431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N. Bay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LLOYD CARRE

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-10-4423

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1921

8. AGE: Years 19 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Lloyd Carre
13. Birthplace Balto

MOTHER
14. Maiden Name Webster
15. Birthplace Eastern Shore Bells Island

16 (a) Informant Lloyd Carre
(b) Address 1801 N Bay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13-41 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto

18 (a) Funeral director Jos J Sterr & Son
(b) Address 3009 Kentucky Ave Huntington Williamson, W Va

MAR 11 1941 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1941, at 4:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, intra-abdominal — Duration
Due to: Acute chloroquine
Due to:
Other Conditions: Ether anesthesia

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier Asst Medical Examiner. M.D.
Date signed 3-10-41

F 78432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. north ave 9-8 '07 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolina J Getz

If U. S. Veteran specify WAR ... no ...

(a) Residence: No. 1006 E north ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Getz

6. DATE OF BIRTH (month, day, year): Nov 4-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	4	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Minick

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Senfest

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Daughter) Mrs John C Bates

(Address) 1006 E. north Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Bungl Date: Mar 12, 1941

19. UNDERTAKER: Edgar W. Conklin

(Address) 914 Gay st.

20. FILED MAR 11 1941 Hunting for Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1941, to Mar 9, 1941.

I last saw her alive on Mar 9, 1941. Death is said to have occurred on the date stated above, at 5-45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Exhaustion

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Luigi S. DiStefano M. D.

(Address) 4074 E. Eager St

No. 65—WRITE PLAINLY—WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

78433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78433
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 N. Lakewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 N. Lakewood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Irvin Nichols

3 (b) If veteran, name war -----

3 (c) Social Security Account No. 214-03-1367

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cecelia Bardroff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 191[illegible] - July 18

8. AGE: Years	Months	Days	If less than one day
29	7	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Hammer-worker
11. Industry or business Glenn L. Martin

FATHER
12. Name Wm. R. Nichols
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lula Taylor
15. Birthplace Va.

16 (a) Informant Mr. Edward Nichols
(b) Address 511 East 22nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location

18 (a) Funeral director Lester Handyfield
(b) Address 511 E. 22nd St.

19 (a) MAR 11 1941 (Date rec'd by registrar) (b) Huntington for Williams Mort. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to March 8 1941, and that I last saw him alive on March 8 1941.

Immediate cause of death	Duration
Toxemia	2 mos
Due to Hodgkins disease	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner, M. D.
Address Rosedale Md. Date signed 3/11/41

78434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 78434

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 W. Madison
(c) Hospital or institution: Sheltered Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 W. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian May Gale

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-2989

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2, 1880

8. AGE: Years	Months	Days	If less than one day
61	2	8	hr. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Millinery

FATHER
12. Name John Gale
13. Birthplace Kent County, Maryland

MOTHER
14. Maiden Name Maggie A. Beck
15. Birthplace Kent County, Maryland

16 (a) Informant Walter R. Gale (brother)
(b) Address 241 West Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chester
Location Chestertown Kent Co. Maryland

18 (a) Funeral director H W Jenkins & Son
(b) Address McCulloh and Orchard Streets

19 MAR 11 1941 (Registered by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Vandevoort M.D.
Medical Examiner.
Date signed 3/11/41

VS 6

F 78435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 78435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Eutaw Place
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Lytle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1873

8. AGE: Years	Months	Days	If less than one day
67	4	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John H. Lytle
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Mercy Taylor
15. Birthplace Pa.

16 (a) Informant Florence T. Lytle
(b) Address 1400 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Abingdon, Md.
Location Abingdon, Md.

18 (a) Funeral director John Coulter Sell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 11 1941 Registrar Washington Nitiaman, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1941, at 1:P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1924 1924 to Mar 9 1941, and that I last saw her alive on Mar 9 1941.

Immediate cause of death	Duration
Chronic myocarditis.	4 years
Due to	
Due to	
Other Conditions Chronic Bronchitis, following Type III Pneumonia (Include pregnancy within 3 months of death)	14 yr.

Major findings:
Of operations none
Of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel M Beck M. D.
Address 2727 N. Charles St. Date signed

78436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 78436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Orlando (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 W. Jang St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME May S. Aide

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W	Married

6 (b) Name of husband or wife George Aide
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1905

8. AGE: Years	Months	Days	If less than one day
35	8	9 10	hr. min.

9. Birthplace Syria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Salem George
13. Birthplace Syria

MOTHER
14. Maiden Name Frida Shaker
15. Birthplace Syria

16 (a) Informant Salem George
(b) Address 50 Summers St. Adams, Mass.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Bellevieu
Location Adams, Mass

18 (a) Funeral director John O. Mikelatt & Sons
(b) Address 58 Eutaw Place, Balto.

MAR 11 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 19 41. at 12 20 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Intracranial Injury — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/4/41
(c) Where did injury occur? Philadelphia Rd. near Bradshaw (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by motor car

23. Signature Wm. H. Gaskell M.D. Medical Examiner.
Date signed 3/11/41

VS 6

F 78437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60552 DH

137 a

F 78437 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 754 W Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A Coale

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1868

8. AGE: Years	Months	Days	If less than one day
72	5	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business None

FATHER
12. Name William Coale
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Lowe
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd

18 (a) Funeral director Isaac L. Bowyer & Co
(b) Address 941 Hollins St.

MAR 11 1941 (Date received by Registrar) (b) Interring by Williamsport Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1941 at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1940 to 3-11 1941. and that I last saw h alive on 3-11 1941

Immediate cause of death	Duration
Bil. Cardiac failure	
Due to Chronic Prostatic Hypertrophy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L Ryder M. D.
Address Asst. City Hosp Date signed 3-11-41

F 78438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 78438 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Nanticoke St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Nanticoke St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Lillie M Cooke

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John G. Cooke
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 16, 1882

8. AGE: Years	Months	Days	If less than one day
58	9	22	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business at home

FATHER
12. Name Geo W Wilkens
13. Birthplace England.

MOTHER
14. Maiden Name Unknown
15. Birthplace England.

16 (a) Informant Mrs John G. Cooke
(b) Address 1120 Nanticoke St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Longwood & Edmondson Ave

18 (a) Funeral director John F Howard & Son
(b) Address 901 W Baltimore St

19 (a) Registered by (signature) Huntington Williams, M.D. Registrar
(b) MAR 11 1941 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10, 41 1941, at 12:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941 to Mar 10 1941, and that I last saw h. alive on Mar 10 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 hours
Due to Hypertension Cardiovascular Renal Disease	3 years
Due to	
Other Conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	4 months

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ACCIDENTAL

23. Signature R Northcutt M. D.
Address 910 W. Lombard St Date signed 3/10/41

F 78439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2756 W. Lafayette Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2756 W Lafayette Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nora A. Murphy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife John T. Murphy
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Mar 7 1875

8. AGE: Years	Months	Days	If less than one day
66		3	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Donohue
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fitzgerald
15. Birthplace Ireland

16 (a) Informant John T. Murphy
(b) Address 2756 W. Lafayette Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Mount Catholic
Location Baltimore Md

18 (a) Funeral director George J. Poth Jr.
(b) Address 2345 Washington Blvd Huntington for Williams, Myers

MAR 11 1941 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1941, to Mar 10 1941, and that I last saw h alive on Mar. 9 1941.

Immediate cause of death	Duration
Chr. Interstitial Nephritis	1938
Due to Chr. Myocarditis	1938
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Brannon M. D.
Address 1663 N. North Ave. Date signed 3/10/41

VS 3

F 78440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78440 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4009 Strathmore Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 N. Calvert St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Mary E. J. Wuyster

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Cornelius C. Wuyster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1885

8. AGE: Years	Months	Days	If less than one day
56	1	27 25	hr. min.

9. Birthplace Rotterdam, Holland
(Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Joseph F. Peevy
(b) Address 4009 Strathmore Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.,

19 MAR 11 1941 (Date rec'd by registrar) (b) Huntington Williamsville, Md. Address 2745 Reisterstown Rd.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1941, at 5.50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13th 1941, to March 10 1941, and that I last saw her alive on March 10th 1941.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Complicated by Arteriosclerosis & phlebitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Reisert, M.D. Address 2745 Reisterstown Rd. Date signed 3/11/41

78441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

✓ F 78441 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.,
(c) Hospital or institution:
Crawford's Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6217 Biltmore Ave., (If rural give location)
•(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Hoofnagle

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1865

8. AGE: Years 75 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Charlotte, N.C. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Andrew J. Hoofnagle
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Donahue
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Alice Kenah
(b) Address 1010 Weller Ave., Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) MAR 11 1941 (Date rec'd by registrar) (b) Huntington Hillcrest, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1941, at 2.00 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1st 1941 to March 10 1941 and that I last saw him alive on March 10th 1941.

Immediate cause of death: Chronic Myocarditis — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw C. Reich M.D.
Address 2245 Reisterstown Rd Date signed 3/11/41

78442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 78442 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 27-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Hilden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Harrison

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1864

8. AGE: Years	Months	Days	If less than one day
77	2	9 11	hr. min.

9. Birthplace Calf. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Racing

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Hard Heaven
(b) Address Pimlico Race Track.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park Cem
Location Balto Co.

18 (a) Funeral director Loring Byers
(b) Address 5005 Belair Rd

19 MAR 11 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 4:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an J.H. Queen (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J.H. Queen M.D. Medical Examiner.
Date signed 3/11/41

78443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106c

Registered No. 78443

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Cecil Mc Daniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20

8. AGE: Years	Months	Days	If less than one day
1	13		hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hubert Mc. Daniel
13. Birthplace

MOTHER
14. Maiden Name LAURA
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 14 41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Beaver Dam
Location Mt. Union Bridge Md.

18 (a) Funeral director Raymond K. Wright
(b) Address Mount Union Bridge, Md.

19 MAR 11 1941 (b) Huntington Md. Registrar
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 11 1941, at 430 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Laryngotracheobronchitis — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ray Pollard
Address J.H.H. Date signed 3-11-41

78444

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH

F 78444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha E. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas M. Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1883

8. AGE: Years 58 | Months 0 | Days 321 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Thomas C. Conway Jr.
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Martha E. Russell
15. Birthplace Baltimore, Md

16 (a) Informant Thomas M. Johnson Jr.
(b) Address 3811 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Leonard J. Compton
(b) Address 21 W. 25th St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MAR 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1940 to March 9 1941, and that I last saw her alive on March 9 1941.

Immediate cause of death: Cerebral hemorrhage
Due to
Due to Hypertension
Other Conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dennard Rubin M. D.
Address 203 Patapsco Ave Date signed

F 78445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78445

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Univ. Hosp.

(c) Hospital or institution: Redwood & Greene Sts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3917 Edmondson Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma M. Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1860

8. AGE: Years	Months	Days	If less than one day
80	9	4	hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Job Walters

13. Birthplace England

MOTHER

14. Maiden Name Ellen Slack

15. Birthplace Md.

16 (a) Informant Frank M. Buckingham

(b) Address 617 Woodington Rd.

17 (a) Burial (b) Date thereof 3/13/41

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Road

18 (a) Funeral director Harry H. Tuttle

(b) Address 4101 Edmondson Ave

19 (a) Date received (Registrar) (b) Registrar

MAR 13 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1941, at 6 C M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941, to 3-10 1941, and that I last saw h e alive on 3-10 1941.

Immediate cause of death: Bronchopneumonia

Due to: Cardiac decompensation

Due to:

Other Conditions: Osteoporosis thoracic vertebrae; Arteriosclerosis.

(Include pregnancy within 3 months of death)

Duration
5 days
5 days

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature R. M. Cunningham M. D.

Address Univ. Hospital Date signed 3-10-41

F 78446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1159

F 78446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Caroline at olivia 2809 Eastern Ave. (Rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Wisnecke B. Birth F 24707

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-41

8. AGE: Years | Months | Days | If less than one day hr. 35 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Shirley Wisnecki
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Ida Jerietz
15. Birthplace Baltimore

16 (a) Informant Shirley Wisnecke
(b) Address 2809 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Czaynoski
(b) Address 1980 Eastern Ave

19 MAR 12 1941 (Date rec'd by registrar) (b) Huntington Williams Hyde

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-41 19 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1941 to 3-6 1941 and that I last saw h[illegible] alive on 3-6-41

Immediate cause of death Respiratory collapse — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph's Hospital Date signed 3/8/41

F 78447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 78447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Eastern Ave (Rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Wieneke A. Birth F 24706

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 6 - 41

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Shirley Wieneke
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ida Gericke
15. Birthplace Baltimore, Md.

16 (a) Informant Shirley Wieneke
(b) Address 2809 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Gazzetti
(b) Address 1930 Eastern Ave

19 (a) (Date received by local registrar) (b) Huntington Nile Bratt, M.D.
MAR 13 1941
VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-41 19— at 5.49 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1941 to 3-6 1941 and that I last saw her alive on 3-6-41 19—.

Immediate cause of death	Duration
(a) Respiratory collapse	
Due to (b) Prematurity	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address St Joseph's Hospital Date signed 3/8/41

F 78448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

F 78448

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6603 Elsinore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Mae Stevens Built 24903

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1941

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Nelson Stevens
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma Jackson
15. Birthplace Baltimore Md.

16 (a) Informant Father
(b) Address 6603 Elsinore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1215 St. Paul St

19 (a) MAR 12 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11 1941, at 6 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1941, to March 11 1941, and that I last saw her alive on March 11 1941.

Immediate cause of death Obstruction for removal of Spina bifida (Thoracic) Meningocele — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Todd M.D.
Address Mercy Hospital Date signed 3/11/41

VS 3

F 78449 F 78449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 E. Preston st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta C. Kraumm

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Charles Kraumm

6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) 11/9/85

8. AGE: Years 85 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry Helmesmeier
13. Birthplace Germany

MOTHER
14. Maiden Name Karl Kraumm
15. Birthplace "

16 (a) Informant Charles Kraumm
(b) Address 2407 E. Preston st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 12 1941 (Registrar) Registrar, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11th 1941 at 2:30 PM

23. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to March 11 1941. and that I last saw ~~her~~ alive on March 4 1941.

Immediate cause of death: Coronary Thrombosis — Duration

Due to Arteriosclerotic Cardio-vascular Disease — 1925

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Karl Graumann M. D.

Address 2212 N Patterson Pk Ave Date signed 3/11/41

F 78450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4009 Glenmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4009 Glenmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME J. P. Frank Carouge

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Elizabeth Carouge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14th 1857

8. AGE: Years	Months	Days	If less than one day
83	3	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business B. O R. R.

FATHER
12. Name (Unknown) Carouge
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Carouge
(b) Address 4009 Glenmore Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 12 1941 (Date rec'd by registrar) (b) Lington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10th 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1941 to March 10 1941, and that I last saw him alive on Mar 10 1941.

Immediate cause of death: Generalized Arteriosclerosis
Myocarditis
Due to old age
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration
Feb 3, 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry A. Gilman M.D.
Address 4700 Belair Rd Date signed Mar 11 1941

#10

F 78451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 78451

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Avenue
(c) Hospital or institution Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Congress Hotel 306 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Alice Fitz Collins

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Samuel R. S. Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov - 8 - 1866

8. AGE: Years	Months	Days	If less than one day
74	4	4	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Milton J. Firey
13. Birthplace Maryland

MOTHER
14. Maiden Name Cynthia Criley
15. Birthplace Ohio

16 (a) Informant Mrs. Milton J. Firey (Brother)
(b) Address Congress Hotel, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/41 (month) (day) (year)
(c) Cemetery or crematory Steel Creek Cemetery
Location North Carolina

18 (a) Funeral director STEWART & MOWEN COMPANY
(W. F. WOODEN SUC.) 106 W. SOUTH AVENUE
(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/1941, at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 1940 to 3/12 1941, and that I last saw her alive on 3/12 1941.

Immediate cause of death Bronchopneumonia — Duration 1 week(s)
Due to Arteriosclerosis
Due to Generalized Arteriosclerosis
Other Conditions Old Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howell P. Hunt
Address Women's Hospital Date signed 3/12/41 M. D.

78452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

× F 78452

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Glen Arm
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Irene B. Schouten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank Schouten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13. 1895

8. AGE: Years	Months	Days	If less than one day
45	5	27	hr. min.

9. Birthplace Leesburg Virginia.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Edgar Francis Bureh
13. Birthplace Virginia.

MOTHER
14. Maiden Name Mary Froome Thompson
15. Birthplace Kent Co. Md -

16 (a) Informant Mary Wharton -
(b) Address 700 W. 40th St -

17 (a) Burial (b) Date thereof March 12th 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Union Cemetery
Location Leesburg Va.

18 (a) Funeral director Wm J. Lickum & Sons
(b) Address North & Pa Ave

19 (a) (b) Entered for Mortality
(Date received by Registrar) Registrar

MAR 13 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to 3/10 1941, and that I last saw h[illegible] alive on 3-7 1941.

Immediate cause of death — Duration
Carcinoma of Ovary — 1938

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Seay M. D.
Address 1129 St. Paul St Date signed 3-11-41

F 78453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78453

CERTIFICATE OF DEATH 33-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 Baker St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ruth Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 564 Baker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 1, 1928

7. AGE: Years 12 | Months 10 | Days 10 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbus (State or country) S. Carolina

FATHER

13. NAME Will Wright

14. BIRTHPLACE (city or town) Columbus (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Gertrude Wise

16. BIRTHPLACE (city or town) Columbus (State or country) S. Carolina

17. INFORMANT Mrs Gertrude Wright

(Address) 964 Baker st Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carburn Date 3-13-41. 19..

19. UNDERTAKER Joseph L. Russ

(Address) 2649 McCulloh st.

20. FILED ..... 19.. Director for Health Commissioner

MAR 12 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-10. 19 41

22. I HEREBY CERTIFY, That I attended deceased from March-3 19 41 to March-10 19 41

I last saw h alive on March-9 19 41 Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Bronchial Pneumonia	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Coleman M. D.

(Address) 2039 McCulloh

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78454 / 124-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northland Ave & Monument St.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] 1948 W Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Amos E. Townsend

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) — 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
46				

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Joseph Ogden
(b) Address 429 Penn St Camden N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) MAR 12 1941 (Date received by registrar) (b) Hunting Park Ave. Phila. Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1941, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1941, to 3/10 1941, and that I last saw h[illegible] alive on 3/10 1941.

Immediate cause of death	Duration
Heart Failure	11 days
Due to Toxemia	
Due to Cirrhosis of Liver	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cirrhosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Townsend, M.D.
Address Sinai Hospital Date signed 3/11/41

F 78455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Dolphin St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Wheeler

If U.S. Veteran specify WAR

(a) Residence: No. 704 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME Benjamin Green

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Jones

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Pauline W Lyles
(Address) 704 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mch 16 1941

19. UNDERTAKER James A Davis
(Address) 142 Hoffman St

FILED ... 19... Huntington Williams, M.D. Registrar.

VS 3

MAR 12 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1941

22. I HEREBY CERTIFY, That I attended deceased from November, 1940. to date of death, 19...

I last saw h[illegible] alive on March 9 1941. Death is said to have occurred on the date stated above, at 1.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1940
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jas S Duncan M. D.

(Address) 704 Dolphin St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78456 OF 64295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 78456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1383 Whetcoat Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Walters (Virginia) Birth F 75049

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1941

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jerome Leroy (Fauntleroy?)
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Walters
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/11/41 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Bel Air

18 (a) Funeral director
(b) Address

19 MAR 12 1941 (Date rec'd by registrar) (b) Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 6:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1941, to 3-9- 1941, and that I last saw her alive on 3-9- 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Baltimore City Hosp. Date signed 3-10-41

F 78457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

F 78457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Ford

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.: None
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Maude Farbe
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): May 4. 1878
8. AGE: Years: 62 Months: 10 Days: 6 If less than one day: hr. min.
9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business:
FATHER 12. Name: R D Ford
13. Birthplace: North Carolina
MOTHER 14. Maiden Name: Unknown
15. Birthplace: Unknown
16 (a) Informant: Mrs R D Ford
(b) Address: 40 S. Poppleton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Frederick Road
18 (a) Funeral director: Thos. F. Kemp
(b) Address: 16 E. Hamburg St. Baltimore, Md.
19 (a) MAR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 41, at 9:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6- 1941, to 3-10-1941, and that I last saw him alive on 3-10-1941.

Immediate cause of death: Lymphoid Leukemia — Duration

Due to

Due to

Other Conditions: Coronary sclerosis
Pleurisy with effusion
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Enlarged lymph nodes, Pleurisy with effusion (left), Coronary sclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Brady Smith M. D.
Address: St. Agnes Hosp. Date signed 3/10/41

VS 3

F 78458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Blum SS 213-14-8544

3 (b) If veteran, name war

3 (c) Social Security Account No. ~~213-14-1485~~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1894

8. AGE: Years	Months	Days	If less than one day
47	1	21	3 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Solomon Blum
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant Paul Blum
(b) Address 2814 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 12, 41 (month) (day) (year)
(c) Cemetery or crematory Washington Road Cemetery
Location Landsdowne

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 ~~1126~~ W North Ave ~~Hunderson, Md~~ Baltimore, Md

19 (a) MAR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/ 1941, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941, to 3/12 1941, and that I last saw ~~he~~ alive on 3/12 1941.

Immediate cause of death	Duration
Cardiac Failure	
Due to Cardiac failure	
Due to Hypertension C.V. dis	
Other Conditions Terminal pneumonia positive blood Streptococcus, Hemo.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Cohen M. D.
Address Sinai Hospital Date signed 3/12/41

VS 2

F 78459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31-a

F 78459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Linden & Fremont

(c) Hospital or institution: Md. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 9 1/2 5-6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 340 or W. Forth Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Brecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife August F. Brecht

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20 1852

8. AGE: Years 88 Months 11 Days 21 9 If less than one day hr. min.

9. Birthplace England Carroll Co-Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Frederick Schlegel

13. Birthplace Germany

MOTHER 14. Maiden Name Catina Schumon

15. Birthplace Germany

16 (a) Informant Frank F Brecht

(b) Address 3727 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Vernon Cemetery

Location Phila - Pa

18 (a) Funeral director Wm J Pickrell Sons

(b) Address North & Pa Ave.

19 (a) MAR 12 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1941, at 1.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-42 1940 to 3-11 1941, and that I last saw her alive on 3-11 1941.

Immediate cause of death Cerebro-Sclerotic Cardio-Vascular Renal Disease

Duration

Due to Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene S. Cannon

Address Md. General Hosp. Date signed 3/11/41 M.D.

VS 3

F 78460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78460 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3932 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3932 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Garrett Boss

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-0638

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence M. Boss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1875

8. AGE: Years	Months	Days	If less than one day
65	8	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman - Mfg's Agent
11. Industry or business

FATHER
12. Name Robert David Boss
13. Birthplace New York

MOTHER
14. Maiden Name Ida Butler
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Page Boss
(b) Address 3932 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) MAR 12 1941 (Date received by Registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1935, to March 9 1941, and that I last saw him alive on March 8 1941 (1941)

Immediate cause of death Heart block (complete) — Duration 5 yrs
Due to Arterio sclerotic cardiovascular disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurston E. Stacy
Address 3803 Edmondson Ave. Date signed 3/11 1941

F 78461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 81-a

F 78461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4 & 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Archer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Theodore S. Archer
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 25-1880

8. AGE: Years	Months	Days	If less than one day
60	5	17	hr. min.

9. Birthplace Frankstonville Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Archibald Warn
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Rebecca Preas
15. Birthplace Kingsville Md

16 (a) Informant T. S. Archer
(b) Address - White Hall Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 45 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location White Hall, Md

18 (a) Funeral director P. Marvin Sewell
(b) Address White Hall Md

19 (a) MAR 12 1941 (Date rec'd by Registrar) (b) H. [illegible] for Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 8 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1941, to Mar 12 1941, and that I last saw h[illegible] alive on Mar 12 1941.

Immediate cause of death	Duration
Pneumococcus Meningitis	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Bauer M. D.
Address University Hospital Date signed 3/14/41

78462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-N F 78462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians:—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Selma Oppenheimer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 1881

8. AGE: Years	Months	Days	If less than one day
59	2	13	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Leopold Flehinger

13. Birthplace Germany

MOTHER 14. Maiden Name Mina —

15. Birthplace Germany.

16 (a) Informant Mrs. M. Strauss

(b) Address 2701 Whitney Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Baltimore, Md.

18 (a) Funeral director Maria Louchheim Sons

(b) Address 1902 Eastern Ave

19 (a) (Date rec'd by registrar) Clayton Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9/41 19— to 3/11/41 1941, and that I last saw her alive on 3/11 1941.

Immediate cause of death	Duration
Pneumonia	
Pulmonary Embolism	
Due to Pulmonary surface Pulmonary Embolus	
Due to Fract Cervical Left	
Other Conditions Fracture, neck of left femur (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 1 1941
(c) Where did injury occur? 1835 W. North Ave. Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury fell on floor.

23. Signature Howard J. Malduis M.D.

Address Sinai Hospital Date signed 3/12/41

Dr. Howard J. Malduis Revised to.

78463 29349 F 78463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 134w

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct any, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3327 Calvert St.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 433 E. 28th St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mrs. Burton Mills Luick (Ethel)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Burton Mills Luick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1913

8. AGE: Years 27 | Months 3 | Days 8 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Jacob Wolf

13. Birthplace Maryland

MOTHER 14. Maiden Name Olive Thomas

15. Birthplace Maryland

16 (a) Informant Mr. Burton Luick

(b) Address 433 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12 41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Albert W. Berry

(b) Address 440 E. North Ave.

19 (a) (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941 at 10:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1941 to Mar. 8 1941, and that I last saw h[illegible] alive on Mar. 8 1941.

Immediate cause of death Uremia — Duration

Due to pyelonephritis

Due to Nephrolithiasis

Other Conditions pregnancy over

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. F. Pearce M. D.

Address Union Memorial Date signed 3/10/41

VS 6

78464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9 Registered No. F 78464

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George B Loecher

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: M.

5. Color or race: W.

6 (a) ~~Single~~, married, ~~widowed or divorced~~

6 (b) Name of husband or wife Lula Bloecher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 d 1872

8. AGE: Years 69 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business Building work

FATHER 12. Name John Bloecher

13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant Mrs Lula Bloecher

(b) Address 3807 Edmondson av

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-14-41 (month) (day) (year)

(c) Cemetery or crematory Loraine Park Cem

Location Lot No 484

18 (a) Funeral director A. Jones

(b) Address 111 S. Gilmor st

19 (a) MAR 12 1941 (Date received by registrar) (b) Registrar

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11 1941, at 10:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1941 to 3/11 1941, and that I last saw h alive on 3/10 1941.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 weeks

Due to arteriosclerotic condition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore E. Stacy M. D.

Address 3803 Edmondson Date signed 3/12/41

VS 3

F 78465

62709 MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 78465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ½ mos. 16-1
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N Stockton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Allis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-8639

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1903

8. AGE: Years	Months	Days	If less than one day
37	5	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Allis
13. Birthplace ?

MOTHER
14. Maiden Name Julia
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 1911 Montgomery Street Huntington Williams, Md.

19 (a) MAR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1941, at 3.42 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941, to 3-10 1941, and that I last saw h[illegible] alive on 3-9 1941.

Immediate cause of death Tuberculous Spondylitis — Duration 6 mo.

Due to Pulmonary tuberculosis? — 2 mo.

Due to

Other Conditions Wass reaction + Hood positive

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Schlert Jr. M. D.
Address Baltimore City Hosp. Date signed 3-10-41

VS 3

78466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 ✓ Registered No. E 78466

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 China St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltr.
(c) City or town Baltr.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 China
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Margaret D. Field Birth - F 20989 ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/40

8. AGE: Years	Months	Days	If less than one day
	3	2	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Shelton Spence
13. Birthplace Balto Md

MOTHER 14. Maiden Name Verna Field
15. Birthplace Md

16 (a) Informant Verna Field
(b) Address 827 China St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 | 14 | 41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location NA Co Md Daniel L Brown

18 (a) Funeral director 1016 Monty Sharp
(b) Address

MAR 12 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1941, to March 11 1941, and that I last saw h— alive on March 11 1941.

Immediate cause of death Bronchial Pneumonia — Duration

Due to ✓

Due to ✓

Other Conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Cayler M. D.
Address 1016 E. Sharp Date signed 3-12-41

78467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

Registered No. E 78467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Warner St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1939

8. AGE: Years	Months	Days	If less than one day
1	3	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name James Anderson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Hopkins
15. Birthplace Baltimore, Md.

16 (a) Informant Grandparents
(b) Address 619 Warner St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 | 12 | 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah A Brockson
(b) Address 1050 Madison St

19 (a) Date received by Registrar MAR 12 1941 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1941, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1941, to 3-10 1941, and that I last saw him alive on 3-10 1941.

Immediate cause of death	Duration
Meningitis	
Due to Tuberculosis	12 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Done 3/11/41 Path. Dept. Johns Hopkins Hosp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.

Address Sydenham Hospital Date signed 3/11/41

78468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 78468 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 844 S. Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 844 S. Eutaw St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALLEN WESTLEY ✓

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. Wid Cld

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife Clotel

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name South Carolina
13. Birthplace ↑

MOTHER
14. Maiden Name
15. Birthplace South Carolina

16 (a) Informant Clotel Westley Chapel
(b) Address 1045 N Chapel St

17 (a) Burial (b) Date thereof 3 / 13 / 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brandon
(b) Address 1084 W Monument Street

19 MAR 12 1941 (b) Huntington Maryland, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 11 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, Lobar bilateral	5 days
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wallenmaker M.D.
Medical Examiner.

Date signed 3-10-41

VS 6

78469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 78469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

43

3 (a) FULL NAME Reginald R. Cooper - Buth. F 14518

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1940

8. AGE: Years	Months	Days	If less than one day
	7	-	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roscoe R. Cooper
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Florine Thornton
15. Birthplace Annapolis Md.

16 (a) Informant Mrs. Florine Cooper
(b) Address 1814 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Balto. Md.

18 (a) Funeral director Mr. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

MAR 12 1941 Huntington Williams M.D. Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 9 1941 to Mch 11 1941, and that I last saw him alive on Mch 11 1941.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Garnett Chisolm
Address 1534 Druid Hill Ave Date signed Mch 12, 1941

78470

OF 63931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

✓ F 78470 Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Patapsco Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maud Heise

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9816

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1892

8. AGE: Years	Months	Days	If less than one day
48	8	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James Riley
13. Birthplace Md.

MOTHER
14. Maiden Name Maud
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Park
Location A. Hounsfield Evans

18 (a) Funeral director A. Cabo
(b) 2400 - 2nd b'tan

19 (a) MAR 12 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1941, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941 to 3-12 1941.
and that I last saw her alive on 3-12 1941.

Immediate cause of death	Duration
Cerebral thrombosis	3 hrs.
Due to Diabetes mellitus	1 yr.
Due to Gangrene of left foot arteriosclerotic	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-13-41
Major findings of operations Gangrene L/F foot
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Johnny R. Pickett Jr. M. D.
Address Baltimore City Hosp. Date signed 3-12-41

78471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 78471 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parked at Upper Falls
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** AMOS MATTHEWS SHOPF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Penna (Town, County, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Penna.

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant George Shopf

(b) Address 117 W. Berry St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3-13-41 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Odonnell St

18 (a) Funeral director John J Dudo

(b) Address 2829 Hudson St

19 MAR 12 1941 (Date rec'd by registrar) (Huntington Williams) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 8 a.m. 35

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fractures, right mandible, left femur

Due to fibia, both tibia

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 10, 1941
(c) Where did injury occur? Belair Rd near Towanda Ave Baltimore Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H Z Wollgemuth M.D.
Medical Examiner.

Date signed 3-10-41

F 78472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 28472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 Ashton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County I
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Ashton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daisy P Magee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife 213-16-5378

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1888

8. AGE: Years 52 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Pittsburg Glass Co

11. Industry or business

FATHER
12. Name Charles H Spurr er
13. Birthplace Maryland

MOTHER
14. Maiden Name Myra Spurrier
15. Birthplace Maryland

16 (a) Informant Lillian Fischbach
(b) Address 2827 Sunset Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Edward Loudon.
(b) Address 2325 Eutaw Place

19 (a) [illegible] by direction of William H. Hall Registrar
(b) [illegible] registrar

MAR 12 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11 1941 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1941 to 3/11 1941, and that I last saw h alive on 19.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 hrs

Due to:

Due to Essential hypertension — 6 mos

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 20 3 Wilkens Date signed 3/11/41

78473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-w ✓

Registered No. E 78473

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6107 Biltmore Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6107 Biltmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDITH M. LANDAU

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1880

8. AGE: Years 60 | Months 9 | Days 15 13 | If less than one day hr. min.

9. Birthplace Vicksburg, Miss. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Hirsh,
13. Birthplace Miss,

MOTHER
14. Maiden Name Emma Gotthelf,
15. Birthplace Ky.

16 (a) Informant Dr. H. Shumacker,
(b) Address 6107 Biltmore Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/ 12/ 41. (month) (day) (year)

(c) Cemetery or crematory
Location Vicksburg, Miss.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) MAR 12 1941 (Month, day, and year) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 9° 1941, to March 12 1941, and that I last saw her alive on March 11 1941.

Immediate cause of death: Chronic Lymphatic Leukemia — Duration: 7 years

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Confirmation of clinical diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger M. D.

Address 207 Eutaw Place Date signed

78474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78474 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution: Redwood & Greene Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ (b) County
(c) City or town Orange (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Main St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mina Rae McCauley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 - 1905

8. AGE: Years	Months	Days	If less than one day
35	7	13, 12	hr. min.

9. Birthplace Orange. N.J. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER
12. Name John Mc. Cauley
13. Birthplace Orange N.J.

MOTHER
14. Maiden Name Emma. Starff.
15. Birthplace Orange N.J.

16 (a) Informant Mrs. Emma. Mc. Cauley
(b) Address 408 Main St E. Orange. N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 15 / 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Sepulchre Cem
Location Orange, New Jersey

18 (a) Funeral director John J. Condon & Son
(b) Address 99 Wheeling St

MAR 12 1941 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1941, to 3-12 1941, and that I last saw her alive on 3-12 1941.

Immediate cause of death Subarachnoid Hemorrhage — Duration 9 days

Due to Aneurysm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Subarachnoid Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. M. Cunningham M. D.
Address University Hospital Date signed 3-12-41

78475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 78475

45-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 2da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo. 3mo. 2da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Marion Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Travis Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara Taylor
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 13, 1869

8. AGE: Years	Months	Days	If less than one day
71	10	27 18	hr. min.

9. Birthplace Marion Station, Maryland. (Town, county, and state)
10. Usual Occupation Retired Seaman
11. Industry or business

FATHER
12. Name William Thomas Taylor
13. Birthplace Marion Station, Md.

MOTHER
14. Maiden Name Amanda Major,
15. Birthplace Mardella Springs, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14-41 (month) (day) (year)
(c) Cemetery or crematory
Location Crisfield Md

18 (a) Funeral director J. B. Lawson
(b) Address Crisfield Md Hunting Town Williams, Md.

19 (a) MAR 12 1941 (b) Registrar
(Local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1941, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10, 1940, to March 11, 1941, and that I last saw him alive on March 11, 1941.

Immediate cause of death	Duration
Broncho pneumonia, right	5 da.
Pleuritis, right	4 weeks
Due to Multiple metastases to lungs, liver, kidneys, mediastinal nodes and neck	4 weeks
Due to Carcinoma of tongue which has been treated. No local recurrence	11 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert P. Smith M. D.
Address US Marine Hospital Date signed 3/12/41
Baltimore, Md.

78476 × ✓ F 78476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-4-25

(e) Length of stay in Baltimore (yrs., mos., or days) 4-4-25

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County .....

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. 2122 Mahary Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

28 1

3 (a) FULL NAME Ellen A. Keenan

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 1861

8. AGE: Years	Months	Days	If less than one day
79	4		..... hr. ..... min.

9. Birthplace Philadelphia, Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER

12. Name John Barry

13. Birthplace Ireland

MOTHER

14. Maiden Name Ellen Neiland

15. Birthplace Ireland

16 (a) Informant Records Westhafer.

(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-41 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Phila. Pa.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

Date rec'd by registrar 1941 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 12:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1936 to 3/12 1941, and that I last saw h alive on 3/12 1941

Immediate cause of death: Left Lobar pneumonia — Duration 3/8/41

Due to Type not able to obtain

Due to .....

Other Conditions General Arteriosclerosis Oct 17/36

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Samuel P. Magin M. D.

Address 336 Frederick Ave Date signed .....

78477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora L. Penn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wilson R. Penn
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1872

8. AGE: Years	Months	Days	If less than one day
68	7	8	hr. min.

9. Birthplace Baltimore County - Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John P. Benson
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Sarah L. Gorsuch
15. Birthplace Baltimore Co. Md.

16 (a) Informant Charles H. Benson
(b) Address 3606 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road

19 (a) MAR 12 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th 1941, at 10 min past P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1940, to March 10 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Hypertension & Cardiovascular disease	Duration Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2516 W 36 St Date signed March 11 1941

78478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78478
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 547 S Poca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 547 S Poca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Cairns

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Cairns

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) May 14 1867

8. AGE: Years 73 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name John Rich
13. Birthplace Kentucky

MOTHER
14. Maiden Name Sarah Turner
15. Birthplace Kentucky

16 (a) Informant Helen Cairns
(b) Address Govanstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director Wm Cook
(b) Address 1219 E Fort Ave

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MAR 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1941 to March 11 1941, and that I last saw him alive on March 11 1941.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Hoey M. D.
Address 729 Washington Blvd Date signed 3/12/41

F 78479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-M

F 78479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madewood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 St Vincents Infant Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PATRICIA KAY EVANS Birth F 19496

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 22 40

8. AGE: Years	Months	Days	If less than one day
	3	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Brach
13. Birthplace Md.

MOTHER 14. Maiden Name Jean Evans
15. Birthplace Balto Md.

16 (a) Informant Jean Evans
(b) Address 404 E. Preston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 13 1941 (Date rec'd by Registrar) (b) for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1941, at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/41 to 3-12-1941 and that I last saw her alive on 3-12-1941

Immediate cause of death	Duration
Respiratory failure	
Due to Obstruction lesion in trachea	life.
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Kanes M. D.
Address Univ. Hosp. Date signed 3-13-41

F 78480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a

F 78480

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Hopkins apts. Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3100 St Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Murphey

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1877

8. AGE: Years	Months	Days	If less than one day
66	11	18	hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business Public Schools

FATHER 12. Name Timothy Murphy

13. Birthplace Ireland

MOTHER 14. Maiden Name Ailean O'Shea

15. Birthplace Ireland.

16 (a) Informant Margaret M. Murphy

(b) Address 3100 St. Paul St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 217 St Paul St

19 (a) 3-12-1941 (Signature of registrar) (b) [illegible] for William Holliday, M.D. Registrar

MAR 8

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 2.41 PM

21. I certify that death occurred on the date above stated, that I attended deceased from March 2, 1941, to March 12 1941, and that I last saw h[illegible] alive on March 12 1941.

Immediate cause of death	Duration
Bronchopneumonia	
c Respiratory failure.	
Due to Chronic Lymphoid Leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Douglas Lockard M. D.

Address Union Memorial Hosp. Date signed 3/12/41

F 78481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 78481

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 S. Chester street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 S. Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Anna Jakubiak
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Stanislaus Jakubiak
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sniadak
13. Birthplace Poland

MOTHER
14. Maiden Name Julianna ?
15. Birthplace Poland

16 (a) Informant Stanislaw Jakubiak
(b) Address 429 S. Chester street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (If not buried by registrar) (b) Registrar

MAR 13 1941

Hunter & Williams, Mgrs.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 , at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 14 1940, to MAR. 10 1941, and that I last saw her alive on MAR. 10 1941.

Immediate cause of death	Duration
CORONARY THROMBOSIS	3/10/41
Due to ARTERIOSCLEROTIC, HYPERTENSIVE CARDIO-	4 YRS.
Due to VASCULAR DISEASE	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Buenza M. D.
Address 209 S. Chester St Date signed 3/10/41

F 78482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 98

F 78482
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Baltimore Gen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Cookie Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Walter Nickel

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3207

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Nickels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1883

8. AGE: Years	Months	Days	If less than one day
57	8	13	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housedame
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant (Wife) Anna Nickels
(b) Address 1134 Cookie Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore City

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) Date received by Registrar MAR 13 1941 (b) Registrar Huntington Willis, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 1 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 17 1941, to March 10 1941, and that I last saw him alive on March 10 1941.

Immediate cause of death: Septicemia — Duration: 2 months
Due to: Gangrene of R leg
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: amputation
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bernstein M. D.
Address 2 Bolton Apts. Date signed 3/10/41

F 78483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 78483 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Webster St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County —
(c) City or town 1415 Webster Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Webster
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah L. Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jacob Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12. 1861

8. AGE: Years	Months	Days	If less than one day
79	6	—	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Walton
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Linton
15. Birthplace Balto, Md

16 (a) Informant George H. Knight
(b) Address 1415 Webster St.

17 (a) Burial (b) Date thereof March 16, 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St

19 (a) MAR 13 1941 (b) Funeral Director for Williams
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941, to March 12, 1941, and that I last saw him alive on March 9 1941

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 hrs
Due to: Arteriosclerosis	10 yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Gallod M. D.
Address 707 E. Fort Ave. Date signed 3-12-41

F 78484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 78484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Balto Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Hoffman (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Charles D'Alfonzo

3 (b) If veteran, name war No

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1875

8. AGE: Years 65 | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business Store keeper

FATHER
12. Name Joseph D'Alfonzo
13. Birthplace Italy

MOTHER
14. Maiden Name Don't know
15. Birthplace Italy

16 (a) Informant John D'Alfonzo
(b) Address 192 W. Fort

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** March 15 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 1400 N Arlington Ave

19 (a) Rec'd by registrar Huntington Williamson Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1941 to March 12 1941, and that I last saw h[illegible] alive on March 12 1941.

Immediate cause of death Broncho pneumonia — **Duration** 4 days

Due to cerebral hemorrhage

Due to Gen'l Arteriosclerosis & Hypertension.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D Bernstein M. D.
Address St Balto Jan Dirs **Date signed** 3/12/41

78485 Emily Rolston Baxley F 78485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 Bolton St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Bolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Emily Rolston Baxley

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Aug-10-1852

8. AGE: Years 88 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER 12. Name J Brown Baxley
FATHER 13. Birthplace Balto. md.
MOTHER 14. Maiden Name Mollie Rolston
MOTHER 15. Birthplace Mobile-Ala.

16 (a) Informant Dr. John Baxley (Brother)
(b) Address 2805-N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-41 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W North Ave.

19 (a) (Date) Rec'd by registrar (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 1941, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3-1941, to 3-11 1941, and that I last saw her alive on 3-11 1941.

Immediate cause of death Generalized arterio sclerosis — Duration ?

Due to

Due to

Other Conditions Cerebral Thrombosis — 6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schreiter M. D.
Address 54 S. Fulton Ave Date signed 3-13-41

F 78486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 78486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 Tunbridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 Tunbridge Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EVELYN A. GRIEVES

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Wm. T. Grieves

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1875

8. AGE: Years 65 | Months 5 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace A. A. Co., Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Rider
13. Birthplace England

MOTHER
14. Maiden Name Sarah J. Smith
15. Birthplace A.A.Co., Maryland

16 (a) Informant Mr. Wm. T. Grieves
(b) Address 322 Tunbridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13,41 (month) (day) (year)
(c) Cemetery or crematory Riders Cemetery
Location Stony Run, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAR 13 1941 (Date rec'd by registrar) Hattie J. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1941, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941, to March 10 1941, and that I last saw h er alive on March 10, 1941.

	Duration
Immediate cause of death Coronary Occlusio	
Due to	
Due to	?
Other Conditions Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hedwick S. Owens M.D.

Address 2827 N. Calvert St. Date signed 3/12/41

F 78487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 78487 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Clipper Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Clipper Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah L. Heflin.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow.

6 (b) Name of husband or wife James R. Heflin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1857

8. AGE: Years	Months	Days	If less than one day
83	2	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation none.
11. Industry or business

FATHER
12. Name Wm. Butler.
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Ney.
15. Birthplace Va.

16 (a) Informant Lester M. Heflin.
(b) Address 3823 Hickory Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof March 14/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

MAR 13 1941 Huntingdon Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1941, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 11 1941, and that I last saw h Cl alive on Mar 9 1941.

Immediate cause of death. Carcinoma of Stomach — Duration 1yr?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Grande M. D.
Address 900 W. 27th St. Date signed 3-13-41

VS 2

78488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 78488
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Peters

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Agusta Peters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-5-1871

8. AGE: Years	Months	Days	If less than one day
69	10	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business None.

FATHER
12. Name John Peters
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Augusta Peters
(b) Address 2009 Brunt Street

17 (a) Burial (b) Date thereof 3. 13. 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore and

18 (a) Funeral director William A Jackson
(b) Address 916 Pedina ave

19 (a) MAR 13 1941 (b) Entire for William A. Jackson
(Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchial Asthma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/11/41

F 78489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 78489 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 788 WEST CROSS ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 61
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 788 WEST CROSS ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES P. HOH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA B. HOH
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEB. 29 1864

8. AGE: Years	Months	Days	If less than one day
77	0	12 10	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED TEAMSTER
11. Industry or business

FATHER
12. Name MICHAEL HOH
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY SMITH
15. Birthplace GERMANY

16 (a) Informant JOHN A. HOH (SON)
(b) Address 788 W. CROSS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 14/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Fidelity Funeral Home
(b) Address 403 S. WOLFE ST.

19 (a) MAR 13 1941 (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 11 1941 5/45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1939 to March 11 1941 and that I last saw him alive on March 11 1941.

Immediate cause of death	Duration
Broncho-Pneumonia	2 days
Due to Myocarditis	2 years
Due to Nephritis	2 years
Other Conditions Hypertension	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Harry Hates M. D.
Address 517 Scott St Date signed 3-12-41

VS 3

F 78490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 78490 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Harlem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3-1877

8. AGE: Years 63 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lucille Ward
15. Birthplace Unknown

16 (a) Informant Walter P. Ross
(b) Address 1617 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 13 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941 at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940 to March 9 1941, and that I last saw h alive on March 9 1941.

Immediate cause of death: Coronary Thrombosis — Duration: not stated

Due to: Myocarditis — Duration: not stated

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 861 Park Ave Date signed 3-13-41

VS 2

F 78491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78491 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 121 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Ellsworth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Williams (60684)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1922

8. AGE: Years	Months	Days	If less than one day
18	7	8 16	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Orderly

11. Industry or business

FATHER
12. Name Fred Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Lulu Stokes
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory A. A. Mt. Carmel
Location Mt Carmony Cemetery

18 (a) Funeral director Robert F. Williams
(b) Address 1515 Mc Cabe St

19 (a) MAR 13 1941 (Date received by registrar) Huntington Nelligan M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1940 to March 6, 1941 and that I last saw him alive on March 6, 1941

Immediate cause of death: Pulmonary Tuberculosis — Duration Oct. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the one to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobs M. D.

Address Balto. City Hospitals Date signed 3-6-41

VS 3

F 78492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78492

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 423 N. Castle St

(c) Hospital or institution:

6-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 423 N. Castle St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Henry Carl Heuer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	D

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1890

8. AGE: Years	Months	Days	If less than one day
50	5	15	hr. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Carl Heuer

13. Birthplace Wis

MOTHER 14. Maiden Name Friedericke Ramschow

15. Birthplace Wis

16 (a) Informant Mrs Hilda Jutte

(b) Address 1751 Homestead St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Phillips Memorial Home

(b) Address 2024 Eutaw St

MAR 13 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 1941 at 7 04 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 39 to June 11 1941, and that I last saw him alive on March 6 1941.

Immediate cause of death: Cardiovascular renal — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J Hulla MD

Address 2214 E Fayette St Date signed Mar 12 1941

VS 3

F 78493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16-D

Registered No. F 78493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 716 N. Vincent

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-3

(e) Length of stay in Baltimore (yrs., mos., or days) 0.12.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 716 N. Vincent St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Young.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex [illegible]

5. Color or race Col.

6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dont Know.

8. AGE: Years 58 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Dont Known (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Dont Know.

13. Birthplace " " "

MOTHER 14. Maiden Name Dont "Know."

15. Birthplace " " "

16 (a) Informant Biddy Young

(b) Address 716 N. Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13 1941 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location —

18 (a) Funeral director A. Halstead Hall

(b) Address 2148 Druid Hill Ave

19 (a) [illegible] (b) [illegible]

(Date rec'd by registrar) MAR 13 1941

Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9 1941 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Mar 9 1941 and that I last saw h[illegible] alive on Mar. 9 1941.

Immediate cause of death Cancer of Rectum — Duration 1 Yr.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature C. N. Prost

Address 1536 W. Lanvale St Date signed 3/13/41 (M. D.)

VS 3

F 78494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 78494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 W Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS H. WEISMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Weissman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1st, 1873

8. AGE: Years 67 | Months 76 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Watchman (retired)
11. Industry or business B & O. Railroad

FATHER
12. Name Christian Weissmain
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schleybecher
15. Birthplace Germany

16 (a) Informant Mrs Fannie Klein
(b) Address 721 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory Catholic Westminster
Location Balto

18 (a) Funeral director Bernard C Heule
(b) Address 121 E West St

19 (a) MAR 13 1941 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-12-41

VS 6

F 78495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78495 Registered No. 131-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4917 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4917 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

5

3 (a) FULL NAME VINCENZO GUERCIO

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife: late Rosaria Guercio
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 17 1844

8. AGE: Years 96 | Months 2 | Days 25 | If less than one day: 24 hr. ____ min.

9. Birthplace: Cefalu Italy (Town, county, and state)
10. Usual Occupation: none
11. Industry or business:

FATHER
12. Name: Francesco Guercio
13. Birthplace: Cefalu Italy

MOTHER
14. Maiden Name: Eucaristica Lo Verde
15. Birthplace: Cefalu Italy

16 (a) Informant: Antonino Guercio (Son)
(b) Address: 4917 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Holt Lawn
Location: Eastern ave - Baltimore Md

18 (a) Funeral director: Frank Della Noll
(b) Address: 52 N. Monroe St. Baltimore, Md

19 (a) MAR 13 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1941 to March 11 1941, and that I last saw h[illegible] alive on March 11 1941.

	Duration
Immediate cause of death: Coma Cardio-vascular failure	2 days
Due to: Arterio-sclerosis	15 yrs.
Due to: Senility	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Louis R. DiPaola M.D.
Address: 232 S. Conkling Date signed: 3/12/41 M. D.

78496 HEALTH DEPARTMENT—CITY OF BALTIMORE 78496

CERTIFICATE OF DEATH

93-D

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balt. Gen. Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Concetta Citrano
If U. S. Veteran specify WAR .....

(a) Residence: No. 707 S. Linwood Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pietro Citrano

6. DATE OF BIRTH (month, day, year) Oct. 4th 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cefalu, Italy

FATHER

13. NAME Antonino Citrano
14. BIRTHPLACE (city or town) (State or country) Cefalu Italy

MOTHER

15. MAIDEN NAME Domenica Piazza
16. BIRTHPLACE (city or town) (State or country) Cefalu Italy

17. INFORMANT Pietro Citrano (Husband)
(Address) 707 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March. 15 1941

19. UNDERTAKER Ronald Della Rocca
(Address) 52 N. Morley St. Huntington Hills, Md.

20. FILED MAR 13 1941 Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1941, to 3/12, 1941

I last saw her alive on 3/12, 1941. Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/5/41
Other contributory causes of importance: Hypertensive Arterio-sclerotic C-V Disease	Ser. yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Wallenstein M. D.
(Address) [illegible]

INSTRUCTIONS: WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 ✓

F 78497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 3-5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Calloway Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Weikart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Schubert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 23, 1861

8. AGE: Years 80 | Months 1 | Days 20 | If less than one day hr. min. 19

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: ?

11. Industry or business

FATHER 12. Name: Martin Weikart

13. Birthplace: Germany

MOTHER 14. Maiden Name: Gertrude

15. Birthplace: Germany

16 (a) Informant: U.M.H. Sends

(b) Address: 33rd & Calvert Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)

(c) Cemetery or ~~crematory~~: Lorraine

Location: Windsor Mill Rd., Woodlawn

18 (a) Funeral director: John O. Mitchell & Sons

(b) Address: 1900 Eutaw Place

19 (a) MAR 13 1941 Huntington Williams, M.D.

(b) Date received by Registrar MAR 13 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1941, to March 12 1941, and that I last saw h[illegible] alive on March 12 1941.

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand E. Chatard M.D.

Address Union Memorial Hosp Date signed 3-12-41

F 78498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 78498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Dutton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Frederick Hall~~ Fred S. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-9651

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Katherine Eunis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	14	16 hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name C. Ann. Hall
13. Birthplace N. J.

MOTHER
14. Maiden Name Margaret Bassl
15. Birthplace Annapolis

16 (a) Informant Henry H. Helfrich
(b) Address 4 Dutton Ave., Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory St. Anne's
Location Annapolis, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) MAR 13 1941 (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11/41 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941 to 3-11 1941 and that I last saw him alive on 3-11 1941.

Immediate cause of death Acute cardiac failure or dilatation

Due to Acute cardiac dilatation

Due to Fracture of left hip

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide 3-3-41
(b) Date of occurrence 3-3-41 4-1
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway While at work?
(Specify type of place)
(e) Means of injury Fell on street

23. Signature Howard J. Maldeis, M.D. & S.M.
Address Mercy Hosp. Date signed 3/11/41

78499
393930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 78499 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 2 9
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 S. Dean St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl R. Cirul
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-03-5082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	(Married)

6 (b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-29-82

8. AGE: Years	Months	Days	If less than one day
58	9	11/12	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Casper Cirul
13. Birthplace Russia

MOTHER
14. Maiden Name Eube Wanberg
15. Birthplace Russia

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem.
Location 1300 Hornerstown Road

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 13 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11-1941, 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2-1941 to 3-11-1941 and that I last saw him alive on 3-11-1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 1/2 hrs
Due to	
Due to	
Other Conditions Indirect Hernia Hypertension (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. McGehee Harvey M. D.
Address Johns Hopkins Hosp. Date signed Mar. 12, 1941

VS 8

F 78500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Shelton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Shelton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BESSIE C. SAWYER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1871

8. AGE: Years	Months	Days	If less than one day
69 +	6	17	19 hr. min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Sawyer
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Burke
15. Birthplace Md.

16 (a) Informant Harry Sawyer
(b) Address 626 N. Shelton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cemetery
Location Emmorton, Md.

18 (a) Funeral director John D. Mitchell & Son
(b) Address 1920 Eutaw Pl

19 (a) MAR 13 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-12-41

M. D. B. 1208-9

78501 F 78501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Lorman St. 15-W Ward)

Registered No. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Young

(a) Residence: No. 1713 Lorman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Frank Young

6. DATE OF BIRTH (month, day, year) 5-16-76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm. Brayton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Atkinson

(Address) 1713 Lorman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Aub Date 3/13 19 41

19. UNDERTAKER Leo L. Kelson

(Address) 1303 Christmas St

MAR 1 19

20. FILED 19 Huntington Millinery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10- 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1941 to 3-10- 1941

I last saw h alive on 3-10- 1941 Death is said to have occurred on the date stated above, 11 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-7

Other contributory causes of importance:

Cardio Renal-Vascular Disease — 1935

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C. Page M. D.

(Address) 1516 N. Mount St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 78502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 78502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Answer all questions fully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5614 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5614 Belair Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emilie Gohrband

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Julius Gohrband

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1865

8. AGE: Years 75 | Months 2 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: ? Mitis
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant
(b) Address 5614 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co. Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light Street

19 (a) MAR 13 1941 (Date received by Registrar) (b) Huntington Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940 to March 11 1941, and that I last saw her alive on March 11 1941

Immediate cause of death: Uremia — Duration 2 Days

Due to: Chronic Nephritis, Chronic myocarditis — 5 yrs, 3 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Schwerdt M. D.
Address 1211 N. Wilton Ave Date signed 3-12-41

F 78503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of street and number, or other exact location. Be sure to answer each question. Do not omit any information which you may have, or make any statement you believe to be incorrect. Be sure to write in every case where there is no information to be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1449 Covington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 Covington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Barbara Bolden

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Bolden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1853

8. AGE: Years 88 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Wedner
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Florence Bolden
(b) Address 1449 Covington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location A. A. County, Maryland.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 (Date rec'd by registrar) MAR 13 1941 (Huntington Williams, M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1941, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1940 to 3/11/ 1941. and that I last saw her alive on 3/10 1941.

Immediate cause of death
General and cerebral arterio sclerosis
Due to chronic myocarditis.
Due to
Other Conditions Arterio sclerotic gangrene left foot.
(Include pregnancy within 3 months of death)

Duration
?
5 wks.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Leibel M.D.
Address 1226 Hanover St. Date signed 3/13/1941

78504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No. F 78504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Brookfield Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Wilhelm Nussbaum

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma Nussbaum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1891

8. AGE: Years	Months	Days	If less than one day
49	8	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Joseph Nussbaum
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. M. Kraus
(b) Address Eutaw & Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1902 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Nills Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1941, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941, to 3/12 1941, and that I last saw him alive on 3/12 1941.

Immediate cause of death Cardiac failure — Duration

Due to hypostatic P-U.D.

Due to chronic glom nephritis

Other Conditions uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy small contracted kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Cohen M. D.
Address Sinai Hospital Date signed 3/12/41

78505

HEALTH DEPARTMENT—CITY OF BALTIMORE

78505

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Bethel St. St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Keimig

If U. S. Veteran specify WAR

(a) Residence: No. 1508 N. Bethel St. St., Ward. S. S 216-10-5306

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Keimig (Nikol)

6. DATE OF BIRTH (month, day, year) July-24-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54Yrs.	7Mo.	17Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for W. P. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Keimig

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Katherine Keimig

(Address) 1508 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date March-14-1941

19. UNDERTAKER Henry Boeck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED MAR 13 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-11-1941

22. I HEREBY CERTIFY, That I attended deceased from January, 1939 to March 11, 1941

I last saw h[illegible] alive on March 11, 1941 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Chronic Myocarditis	2
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Schneider M. D.

(Address) 12 E. Chilton Ave.

Information should be entered in every space, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Entries must not be indefinite or illegible. OCCUPATION is very important. See instructions on back of certificate.

78506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 78506

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2607 Garrett Ave

(c) Hospital or institution: At Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2607 Garrett Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie L. Adolphi

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John G. Adolphi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1873

8. AGE: Years 67 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business at Home

FATHER — 12. Name John Eberart

13. Birthplace Germany

MOTHER — 14. Maiden Name Elizabeth McConnell

15. Birthplace England

16 (a) Informant Miss Marie Knauff

(b) Address 2607 Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15, 1941 (month) (day) (year)

(c) Cemetery or crematory St. Peters Cemetery

Location 1300 Maryland Ave

18 (a) Funeral director Elmer W Conklin Son

(b) Address 924 E Eager St

19 (a) MAR 13 1941 (Date received by registrar) (b) Huntington Nia Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 19 , at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3d 1941, to Mar 10th 1941, and that I last saw h[illegible] alive on Mar 10th 1941.

Immediate cause of death: Uremia Coma due to Arteriosclerosis. Duration: 3 days

Due to Chronic Nephritis. Probable but contributes to Arteriosclerosis ? Duration:

Due to Duration:

Other Conditions Duration:

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. G. Lillard

Address 716 Ed. Fare Rd. Balto Md Date signed 3/13/41

F 78507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

✓ F 78507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2620 St. Benedict Lt. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Leona R. Allenbaugh (60885) ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Brafton L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-1900

8. AGE: Years	Months	Days	If less than one day
40	10	21	2 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name John Riley

13. Birthplace Md.

MOTHER 14. Maiden Name Laura Cook

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director F. B. Keppel & Son

(b) Address 1300 Eutaw Place

19 (a) MAR 13 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address Balto City Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1941 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12, 1940 to Mar 11, 1941 and that I last saw her alive on Mar. 11, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	4 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M. D.

Date signed 3-12-41

VS 8

F 78508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 78508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered clearly and legibly. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6312 Winner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS J. H. KENNEDY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie Kennedy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1880

8. AGE: Years	Months	Days	If less than one day
60	7 8	6	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Gas Station Operator
11. Industry or business Self

FATHER
12. Name Walter Scott Kennedy
13. Birthplace Boonesboro, Md

MOTHER
14. Maiden Name Laura Virginia Hall
15. Birthplace A. A. Co. Md

16 (a) Informant Mrs. Minnie W. Kennedy
(b) Address 6312 Winner Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Dickey & Son
(b) Address Park & Pennsylvania Ave

MAR 13 1941 (Date rec'd by registrar) (b) Huntington Nelligan, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Burns, 2nd & 3rd degree, hands, buttocks, lower extremities	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 3rd, 1941
(c) Where did injury occur? 50 S. Rendleston Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Oil stove in office exploded

23. Signature H. X. Wellenmeier M.D.
Asst. Medical Examiner
Date signed 3-12-41 place office

F 78509 ✓ F 78509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Paca Sts.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 60 W. Joppa Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Gertrude Celine (Getz) (Anna C. Getz)
3 (b) If veteran, name war ____
3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 8-5-1902

8. AGE: Years	Months	Days	If less than one day
38	7	7	____ hr. ____ min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name George Getz
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna Shea
15. Birthplace Balto Md.

16 (a) Informant Rosedale Mission Helper
(b) Address W. Joppa Rd Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Mission Helpers
Location W. Joppa Rd - Towson Md

18 (a) Funeral director George D Roth Inc
(b) Address 23 E. Hartford Ave Govans

MAR 13 1941 (Registrar) Washington Ville, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1941 at 5a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1941, to 3-12 1941, and that I last saw h[illegible] alive on 3-12 1941.

Immediate cause of death	Duration
Pulmonary Embolism	2 days
Due to Rheumatic Heart Disease	16 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature J. M. Collins M.D. M. D.
Address Bon Secours Hospital Date signed 3-12-41

F 78510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No. F 78510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 W Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis N Neilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0314

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Alice Horn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1878

8. AGE: Years 62 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Stock Clerk

11. Industry or business

FATHER
12. Name William Neilson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Nippet
15. Birthplace Baltimore Md

16 (a) Informant Mrs Alice Neilson
(b) Address 1131 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location

18 (a) Funeral director John J. Cowan & Son.
(b) Address 901 Hollins St.

MAR 13 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1941, to 3-11-1941, and that I last saw h alive on 3-11-1941.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 2 hours

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J Glass M.D. M. D.

Address 926 Westbury Rd Date signed 3/12/41

VS 3

78511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 S. Ellwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Baker or Borkowicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-4332

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Madeline Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29 1886

8. AGE: Years	Months	Days	If less than one day
54	5 6	12 10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Laborer Sparrow Point

11. Industry or business

FATHER
12. Name Martin Baker or Borkowicz
13. Birthplace Poland

MOTHER
14. Maiden Name Juliana Glass
15. Birthplace Poland

16 (a) Informant Mrs Madeline Baker or Borkowicz
(b) Address 1123 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Kane & Lombard

18 (a) Funeral director Stephen J. Falkowski's
(b) Address 1010 S. Ellwood Ave

19 (a) [illegible] (Registrar) Huntington Ave Baltimore Md

MAR 13 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1941, to March 11, 1941. I last saw him alive on March 11, 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Lobar Pneumonia	12 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Steele, M. D.
Address Mercy Hosp. Date signed March 11, 41

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

78512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. E 78512

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 Ramsay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 Ramsay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Covell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Luther M. Covell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1874.

8. AGE: Years	Months	Days	If less than one day
66	9	14 12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Stalling
15. Birthplace Md.

16 (a) Informant Mrs. Lillian Weyer.
(b) Address 1832 Ramsay St.

17 (a) Burial (b) Date thereof 3/ /41.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 Edmondson Ave.

19 MAR 13 1941 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1941 at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1937 to Mar 12 1941, and that I last saw h alive on Mar 12 1941.

Immediate cause of death	Duration
Hypertensive cardio	
Due to Vascular disease	4yrs
Due to	
Other Conditions Acute cystitis	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2035 Wilkens ave Date signed 3/13/41

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

78513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glenburnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wellham Ave
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H ACKERMAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-01-5493

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Irene Ackerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1882

8. AGE: Years 58 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace: Balto
(Town, county, and state)

10. Usual Occupation: Stationary Engineer

11. Industry or business

FATHER
12. Name: George Ackerman
13. Birthplace: Phila Pa

MOTHER
14. Maiden Name: Annie Cook
15. Birthplace: Phila Pa

16 (a) Informant: Irene Ackerman
(b) Address: Glendale Williamsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1941 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill
Location: A. Forrest Evans

18 (a) Funeral director: A. A. Co
(b) Address: 1400-02 N Charles St

MAR 13 1941 (Date rec'd by registrar)

Huntington Williams Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) do find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: Acute

Due to

Due to

Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. H. Wollenweber M.D.
Medical Examiner.
Date signed 3-13-41

VS 6

F 78514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78514

Registered No. 31-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, if correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 E 28th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 E 28th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Estella B Insley

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George D Insley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1883

8. AGE: Years 57 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James A Beuchamp
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Geo D Insley
(b) Address 312 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1210 E Baltimore St

19 (a) MAR 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4-39 19 to 3-13- 1941, and that I last saw h alive on 19.

Immediate cause of death Cardiac Dilatation — Duration
Hypertension.
Due to Chronic Nephritis
Due to Cardiac Dilatation
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alice C. Rentham, M. D.
Address 3138 E. Baltimore St Date signed 3-13-41

F 78515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-D

F 78515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 E 31st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annabelle Perkins

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None F

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: See Charles E Parkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1875

8. AGE: Years: 66 | Months: 0 | Days: 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Roberts
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Wakefield
15. Birthplace Md

16 (a) Informant Paul R. Perkins
(b) Address 3215 Berkshire Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/16/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co Md

18 (a) Funeral director Milburn Cook
Address 1127 E Fort Ave

19 (a) MAR 14 1941 (Date rec'd by registrar) (b) Registrar

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Be sure age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1941, to March 12 1941, and that I last saw her alive on March 12 1941.

Immediate cause of death Cerebral Thrombosis — Duration: 4 days?

Due to Arteriosclerosis

Due to

Other Conditions: Arteriosclerotic H.D.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Reamann, M.D. M. D.
Address Church Home & Inf. Date signed 3/13/41

F 78516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

F 78516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Sq Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Grabs S.S. # 557-05-8472 ✓

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Martha Grabs
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 25th 1883
8. AGE: Years 57 | Months 5 | Days 17 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Outside Machinist
11. Industry or business Bethlehem Steel Co

FATHER
12. Name August Grabs
13. Birthplace Germany

MOTHER
14. Maiden Name C. Seiber
15. Birthplace Germany

16 (a) Informant Martha Grabs
(b) Address 938 N. Calvert St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 15th 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 129 E. Saratoga St

19 (a) (Date rec'd by registrar) (b) Registrar's No.

MAR 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 1 38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1941, to 3-12-1941, and that I last saw h~~im~~ alive on 3-12 1941.

Immediate cause of death: Acute Meningitis — Duration: 1 Day
Due to: Pneumococcus type 8
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rob Daugharthy M. D.
Address Franklin Sq Hosp Date signed 3-13-41

PLEASE WRITE PLAINLY, with unfading ink. Be sure to give correct age—is especially important. Physicians: please write the causes of death clearly and legibly.

F 78517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 78517 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Be sure that the information given in items 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19 is complete and correct as age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution:
Aged Women's + Aged Mens' Home
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 4 years
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth McNulty

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1851

8. AGE: Years	Months	Days	If less than one day
90 91	12 3	2	hr. min.

9. Birthplace Del Air, Md.
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name Andrew Jackson McNulty
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Unknown

16 (a) Informant Records Aged Women's + Aged Mens' Home
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 3/15/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Zion
Location Beyond Belair, Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 MAR 11 1941 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12th 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18/37 19..., to 3/12/41 19..., and that I last saw h... alive on ... 19...

Immediate cause of death: Myocarditis, chronic. — Duration: 7 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Powell, M.D.
Address 1115 St. Paul St., City Date signed 3/13/41

F 78518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 78518

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 Riggewood Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Ridgewood Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Dr. William G. Townsend

3 (b) If veteran, name war: World

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia D. Townsend

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1864

8. AGE: Years 76 | Months 5 | Days 14 15 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired Naval Officer

11. Industry or business

FATHER
12. Name Slyvanus Townsend
13. Birthplace Talbot Co., Md.

MOTHER
14. Maiden Name Isabel Bryan
15. Birthplace Maryland

16 (a) Informant Sophia D. Townsend
(b) Address 214 Ridgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Registrar

MAR 14 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22/41 19 to 3/12/41 19, and that I last saw h im alive on 3/10/41 19.

Immediate cause of death: Carcinoma of the prostate with metastases to the pelvis and spine. — Duration: About 5-6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Townsend, M.D.

Address 1115 St. Paul St., City Date signed 3/13/41

F 78519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 78519 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5021 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5021 Roland. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A Moylan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Fem
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John J Moylan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb 29 1864

8. AGE: Years 74 | Months 0 | Days 11/12 | If less than one day: hr. min.

9. Birthplace: New york.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Dignan
13. Birthplace: Ireland.

MOTHER
14. Maiden Name: Catherine Grogan.
15. Birthplace: Ireland.

16 (a) Informant: Frank Moylan
(b) Address: 1805 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto Md

18 (a) Funeral director: Bernard E Harle
(b) Address: 131 E Hoffman St Huntington Williams, Md

19 (a) MAR 14 1941 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to March 1941 and that I last saw her alive on March 13 1941.

Immediate cause of death: Chronic Myocarditis — Duration: 4 years
Due to:
Due to:
Other Conditions: Chronic Pyelitis — 9 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature: Nathaniel M Buck M.D.
Address: 2777 N. Charles Date signed: Mar 13 41

F 78520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 78520

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1dy
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-V

3 (a) FULL NAME JOSEPH GRAVES

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Lucia Graves
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1878
8. AGE: Years 63 | Months ? | Days | If less than one day hr. min.
9. Birthplace N C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business odd jobs

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pulaski

19 MAR 14 1941 (Date rec'd by local reg.) Hunter [illegible] Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 11 Eo a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ** (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration: 1dy
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence March 11, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fall down stairs

23. Signature W. E. W. Hammacher M.D.
Asst Medical Examiner.
Date signed 3-12-41

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age in years, months, days, or hours. Physicians: please write the causes of death clearly and legibly.

F 78521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78521 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1338 Towson St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1338 Towson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael George Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Christina Campbell
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1858

8. AGE: Years	Months	Days	If less than one day
82	5	24	hr. min.

9. Birthplace Cuba
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. R.R.

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Christina Campbell
(b) Address 1338 Towson St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.,

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 (a) MAR 14 1941 (Date rec'd by registrar) (b) Howard Strong Burial Permit

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 10.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9, 1941 to March 12, 1941 and that I last saw him alive on 3-12 1941

Immediate cause of death Chronic Myocardial degeneration — Duration 10 yr.
Due to Arteriosclerosis — 10 yr.+
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. A. Salod M. D.
Address 707 S. Font Ave. Date signed 3-14-41

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure to answer all questions. Do not leave any blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 78522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 123 N Broadway
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Edelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 64

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: House Work
11. Industry or business

FATHER
12. Name: Samuel Goldberg
13. Birthplace: Russia

MOTHER
14. Maiden Name: Minnie ?
15. Birthplace: Russia

16 (a) Informant: Jacob Edelman
(b) Address: 123 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 41 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosedale
Location: Hamilton Ave

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) Date received by registrar: MAR 14 1941 (b) Registrar: Winfield Story Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1941 to March 13 1941 and that I last saw h[illegible] alive on March 13 1941.

Immediate cause of death: Arteriosclerosis — Duration
Due to: Cerebral hemmorrhage
Due to: Pneumonia (lobar)
Other Conditions: Pulmonary edema
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: —
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benjamin Kadin M. D.
Address 2306 Eutaw Pl. Date signed 3-14-41

F 78523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 aF 78523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William ~~[illegible]~~ Curry

3 (b) If veteran, name war

3 (c) Social Security Account No. 249-01-5014

4. Sex: M | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1902

8. AGE: Years 38 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Sl

11. Industry or business

FATHER 12. Name Elijah Curry

13. Birthplace B A Co, Md

MOTHER 14. Maiden Name Annie Smith

15. Birthplace B A Co, Md

16 (a) Informant Mary Williams

(b) Address 526 N Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem, Location B. A. Co. Md

18 (a) Funeral director Pelzer & Williams

(b) Address 15-15 McElderry St

19 (a) (Date received by registrar) (b) Registrar

MAR 14 1941

VS 3

Transcription for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941 to 3-12 1941, and that I last saw him alive on 3-12 1941.

Immediate cause of death: Cirrhosis of Liver with ascites — Duration: ?

Due to: Alcohol.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Symmenden M. D.

Address President Hospital Date signed 3-12-41

F 78524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-DF 78524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ___ years

3 (a) FULL NAME Howard Warner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. ___

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unk

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant A. N. Grant

(b) Address 614 M. L. Ave Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Comm

Location A G Co Unk

18 (a) Funeral director P Hutchinson

(b) Address 15-15 McElderry St

MAR 14 1941 (Registered by (Register) (b) Address 3/14/41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1941, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941, to 3-9 1941, and that I last saw h[illegible] alive on 3-7 1941.

Immediate cause of death: Peri-nephritic Abscess (Bilateral) — Duration

Due to Chronic cystitis

Due to

Other Conditions Chronic Bronchitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peri nephritic Abscess
Of autopsy Bilateral Peri nephritic Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Granville Wilson M. D.

Address 1514 Division St Date signed 3/14/41

#11

F 78525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

+V F 78525

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 1/2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Alice E. Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1860

8. AGE: Years	Months	Days	If less than one day
80	8	8	hr. min.

9. Birthplace Kittanning, Pa
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John E Earnest
13. Birthplace Penna.

MOTHER
14. Maiden Name Julia McCreary
15. Birthplace Penna.

16 (a) Informant Mrs. John Kollenbach
(b) Address Manchester Md

17 (a) Burial (b) Date thereof 3 18 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mifflinburg Pa.

18 (a) Funeral director Jacob Wilhide Sons
(b) Address Manchester Md.

19 (a) [illegible] (b) [illegible]
(Date received) (Registrar) Registrar

MAR 19 1941

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1941, at 5 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1941, to 3-14 1941, and that I last saw her alive on 3-13 1941.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Bronchopneumonia, arteriosclerosis, generalized,
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard L Hood M. D.

Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks. Be sure that the information you give is correct and complete. Physicians: please write the causes of death clearly and legibly. Age is especially important.

78526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 78526

OF 64258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 W. Camden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Milhiser

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, ?

8. AGE: Years	Months	Days	If less than one day
56 ?	8	12	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business Wholesale Seafood Mkt.

FATHER
12. Name Lew Milhiser
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Heiman
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 14 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1941, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1941, to 3-7 1941, and that I last saw him alive on 3-7 1941.

Immediate cause of death	Duration
? Myocardial infarction	? day
Due to Arteriosclerotic Ht. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabban M. D.
Address Balto. City Hsp Date signed 3-18-41

Huntington Williams M.D.

VS 3

F 78527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64a F 78527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS PHILLIPS or Alphonse Thomas Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-5366

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1922

8. AGE: Years 19 | Months 1 | Days 27 | If less than one day hr. 8 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Upholstering

11. Industry or business

FATHER 12. Name Thomas A. Phillips

13. Birthplace Conn.

MOTHER 14. Maiden Name Catherine Haberkam

15. Birthplace Baltimore Md.

16 (a) Informant Thomas A. Phillips

(b) Address 23 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15, 1941 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director John J. Greblunas Jr

(b) Address 423 S. Paca St

MAR 14 1941 (Date rec'd by Registrar) (b) Huntington Williams Jr Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 8 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hanging by rope — Duration

Due to Suicide

Due to Mental despondency

Other Conditions NO

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 12, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? NO
(e) Means of injury hanging from collar radiator

23. Signature H. L. Wallenmaker M.D.
Asst. Medical Examiner

Date signed 3-12-41

F 78528

OF 63740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 78528

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ weeks

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1124 S. Hanover Street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Abbott (Edna)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1941

8. AGE: Years	Months	Days	If less than one day
		20 13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Winford Abbott

13. Birthplace Va.

MOTHER

14. Maiden Name Edna Nigell

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/12/41 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) MAR 14 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1941, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17-41 19.. to 3-1-1941, and that I last saw h/m alive on 3-1-1941.

Immediate cause of death Prematurity — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martha F. Leonard M. D.

Address Baltimore City Hospitals Date signed 3-10-41

F 78529

WILLIAM R. KLEIN F 78529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Hickory Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Klein

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-0415

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5 1887

8. AGE: Years 57 | Months 2 | Days 7 | If less than one day: hr. min.

9. Birthplace Fullerton, Baltimore Co., Md.
(Town, county and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Morgan Millwork Co

FATHER
12. Name Charles Klein
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Fullerton
15. Birthplace Maryland

16 (a) Informant Mrs. Carrie Klein
(b) Address 3511 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1941 (month) (day) (year)

(c) Cemetery or crematory Kruders
Location Westminster, Carroll Co. Md.

18 (a) Funeral director Horace E. Dugan
(b) Address 342 Pulaski Road, Huntington Millwood, L.I.

MAR 14 1941 (Date received by Registrar) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 5:45 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 31, 1941, to March 12, 1941, and that I last saw him alive on March 12, 1941

Immediate cause of death (a) Pulmonary embolism

Due to

Due to

Other Conditions Carcinoma of small intestine (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman

Address Franklin Square Hosp. Date signed 3/14/41

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

VS 3

F 78530 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 78530

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 X Stockton St. 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Dunham

If U.S. Veteran specify WAR .....

(a) Residence: No. 111 X Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Dunham

6. DATE OF BIRTH (month, day, year) July 7, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc....

10. Date deceased last worked at this occupation (month and year)....

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Dunham

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irene Abrams

(Address) 111 X Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/16 19 41

19. UNDERTAKER Geo L. Kelson Inc

(Address) 130 S Howard St

20. FILED MAR 14 1941 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 19 41

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 40 to Mar 13 19 41

I last saw him alive on Mar 13 19 41 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eurlagan Frey M. D.

(Address) 1928 Penna Ave

information should be carefully supplied. AGE should be answered in all cases. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 78531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 78531

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of street and number, or other exact location. Be sure to answer correctly every question for which there is a space, and if any question does not apply, write "None" or "Unknown" as the case may be. Be sure to give the exact age at last birthday. Physicians: please write the causes of death clearly and legibly. Be sure to fill in items 20 to 23 inclusive.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [illegible]

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write RURAL and give town)

(d) Street No. .....
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .....

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years	Months	Days	If less than one day
		15	hr. ..... min.

9. Birthplace ..... (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace .....

MOTHER
14. Maiden Name .....
15. Birthplace .....

16 (a) Informant .....
(b) Address .....

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory .....
Location .....

18 (a) Funeral director .....
(b) Address .....

19 (a) ..... Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MAR 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH ..... 19 ..... at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941, to 3/11 1941, and that I last saw him alive on 3/11 1941.

Immediate cause of death Broncho-Pneumonia — Duration 2 days

Due to .....

Due to .....

Other Conditions Chronic Myocarditis — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? .....
(Specify type of place) While at work?

(e) Means of injury .....

23. Signature Harry Eichmann

Address 1921 W North Ave Date signed 3/13/41 M. D.

78532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78532

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Avenue
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Mereidale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Plymouth Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA ELIZABETH ROBERTS

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Daniel J. Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1860

8. AGE: Years	Months	Days	If less than one day
80	10	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ~~John~~ Reus
13. Birthplace ~~Baltimore, Maryland~~ Germany

MOTHER
14. Maiden Name ~~Unknown~~ Rosbaum
15. Birthplace ? Germany

16 (a) Informant Mr. John J. Roberts
(b) Address 629 Plymouth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) Date received by registrar MAR 14 1941 Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1941, to Mar 12 1941, and that I last saw her alive on Mar 12 1941.

Immediate cause of death
Cardiac Syncope
Due to Mitral Regurgitation
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
about 10 hours
Several years from Heart

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Labotte Ewell, M. D.
Address 2945 St Paul St Date signed 3/13/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a F 78533 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 4dys.

(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2459 brick mill ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Stephen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1871

8. AGE: Years 69 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Stephen Crafton

13. Birthplace Va.

MOTHER 14. Maiden Name Lucie Brown

15. Birthplace Va.

16 (a) Informant B.C.H. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 15 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery

Location Baltimore, Md.

18 (a) Funeral director Walter J. Springs

(b) Address 139 W. Franklin St.

19 (a) 3 14 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11/41 at 12 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1941 to 3-11 1941, and that I last saw her alive on 3-11 1941.

Immediate cause of death: Carcinoma of uterus metastases — Duration: 1yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Zachary T. Fehl ert jr. M. D.

Address Baltimore City Hosp. Date signed 3-12-41

F 78534

OF 64285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/31-A

F 78534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 126 N. Cross Street
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James Whitaker

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-12-9634

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Flora Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1898

8. AGE: Years	Months	Days	If less than one day
42	8	9	hr. min.

9. Birthplace Australia
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business unemployed

FATHER

12. Name Jesse

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 15 1941
(month) (day) (year)

(c) Cemetery or crematory Pt. Lookout Cemetery

Location Bel Air, Md.

18 (a) Funeral director Walter B. Briggs

(b) Address 1 E. Pennsylvania Ave. Towson, Md.

19 (a) (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 12 28/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941, to 3-13 1941, and that I last saw h[illegible] alive on 3-12 1941.

Immediate cause of death Pulmonary edema — Duration 6 hrs

Due to Hypertensive C.V.D. — ?

Due to Arteriosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard C. Rathbun M. D.

Address Balto City Hosp Date signed 3-13-41

F 78535

F 78535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker. Fill out completely and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2439 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 Woodbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Genevanna Naylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	widowed

6 (b) Name of husband or wife Wm Henry J. Naylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	2	15		

9. Birthplace Boring Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Richard Frey
13. Birthplace Boring Md.

MOTHER
14. Maiden Name Anna L. Thompson
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Cora E. Holley
(b) Address 2439 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)
(c) Cemetery or crematory Piney Grove
Location Boring - Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Date received by registrar MAR 14 1941 (b) Registered by Huntington Avenue

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1941 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 11 1941 to Mar 12 1941 and that I last saw her alive on Mar 10 19

Immediate cause of death Cancer of Liver — Duration: Several years

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold C. Pattison M. D.
Address 21 Hamilton Ter Date signed

F 78536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78536
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife James Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23-1912

8. AGE: Years	Months	Days	If less than one day
28	3	17.5	hr. min.

9. Birthplace King & Queen Co. Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Graham
13. Birthplace King & Queen Co Va

MOTHER
14. Maiden Name Mattie Scott
15. Birthplace King & Queen Co. Va

16 (a) Informant Peggie Holmes
(b) Address 1229 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-41 (month) (day) (year)
(c) Cemetery or crematory West Point Va. Mt. Calvary
Location ~~Baltimore Md~~

18 (a) Funeral director Mrs. Geo. R. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 14 1941 (Date received by Registrar) (Signature of Registrar) Registrar
(b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1941, at 9.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1941, to 3-10 1941, and that I last saw her alive on 3-10 1941.

Immediate cause of death: Lobar Pneumonia — Duration 1

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pomeranden M. D.
Address President Hospital Date signed 3-10-41

VS 3

F 78537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 78537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 0 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Cathedral St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA COSBY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	Married

6 (b) Name of husband or wife Louis Cosby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27-1890

8. AGE: Years	Months	Days	If less than one day
50	2	13	hr. min.

9. Birthplace Gwynn Island Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Gwynn Island Va

MOTHER
14. Maiden Name Ada Baker
15. Birthplace Gwynn Island, Va

16 (a) Informant Henry Cosby
(b) Address 609 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAR 14 1941 (Date received by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration months

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmaker M.D. Coroner Medical Examiner.
Date signed

F 78538

Anthony Lepre or Jester

F 78538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anthony Lepre or Jester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Married

6 (b) Name of husband or wife Elmira
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 16 1885

8. AGE: Years	Months	Days	If less than one day
55	9	3	hr. ..... min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Tomaso Jester
13. Birthplace Italy

MOTHER
14. Maiden Name Fanaie Papa
15. Birthplace Italy

16 (a) Informant Elmira Jester (w)
(b) Address 914 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road Balto Md

18 (a) Funeral director Frank Wells Jones
(b) Address 52 N. Marley St

19 (a) Mar 14 1941 (Filed) (By) Registrar (b) Hunter for Municipal Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941 at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said a (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Hypostatic Heart Disease; Mitral Stenosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. (Medical Examiner)
Date signed 3/14/41

78539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 78539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Bayonne Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMOIY HENRY PAUL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-5653

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Alvina Paul

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 11/15/1883

8. AGE: Years 57 | Months 3 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Marine

FATHER 12. Name John H Paul

13. Birthplace Rock Creek Md

MOTHER 14. Maiden Name Cora Meek

15. Birthplace Maryland

16 (a) Informant Mrs Jamoiy H Paul

(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17/41 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Baltimore

18 (a) Funeral director John Allrid

(b) Address 200 E Lafayette

19 (a) MAR 14 1941 Huntington Williams M.D. Registrar

(b) Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 11:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fat embolism — Duration

Due to Fracture of left femur.

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 12, 1941
(c) Where did injury occur? Bayonne Ave and 25th (City or town) Belair Rd (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by auto

23. Signature J. H. Wollenweber M.D. Medical Examiner.

Date signed 3-12-41

VS 6

78540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 78540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. University Maryland Blvd (If rural give location) 418 Alameda Blvd
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Suhr Birth F 24841

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-41

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Hugo E Suhr
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Jane Lee Cawley
15. Birthplace Baltimore, Md

16 (a) Informant Father
(b) Address 418 alameda Blvd, Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 14 1941
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address Per M. A. Myers

19 (a) MAR 14 1941 (Filed by registrar) Huntington Williams, M.D. Registrar

VS 2

(335)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1941 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941 to 3-8 1941, and that I last saw him alive on 3-8 1941.

Immediate cause of death Intracranial Hemorrhage — Duration 10 min.

Due to Forceps Delivery

Due to

Other Conditions Mild Hydrocephalus Chondrodystrophia Foetalis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris Reese

Address Medical Arts Bldg Date signed 3/8/41

8541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 Registered No. 8541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 ~~Rittenhouse~~ Ave
(c) Hospital or institution: ~~Lakeland~~ University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Rittenhouse Ave (If rural give location) (RITTENHOUSE)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd Rittenhouse

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Margaret Shipley 6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1885

8. AGE: Years	Months	Days	If less than one day
55	4	14	hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name James Rittenhouse
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Mary J. Scraggs
15. Birthplace A. A. Co. Md.

16 (a) Informant Mrs Margaret S. Rittenhouse
(b) Address 2600 Rittenhouse Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John Crutchfield & Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 14 1941 (b) Huntington Nitterhouse, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1941, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1941, to Mar. 13 1941, and that I last saw him alive on Mar. 13 1941.

Immediate cause of death Bronchial asthma — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify, type of place) While at work?
(e) Means of injury

23. Signature Leo J. Hoya M. D.
Address University Hospital Date signed 3/13/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. E 78542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that you answer each question so that the record will be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luella Dancey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow.

6 (b) Name of husband or wife William Dancey.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/1900

8. AGE: Years	Months	Days	If less than one day
40	11	15	hr. min.

9. Birthplace Wilson N. C.
(Town, county, and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Laura Bridges
15. Birthplace N. C.

16 (a) Informant Martha Wise-daughter
(b) Address 722 N. Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Randallstown, Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Fulton Ave Baltimore, Md

MAR 14 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13 1941, at 7 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1941 to March 13 1941. and that I last saw h alive on Mar 12 1941

Immediate cause of death Uremia — Duration 2 mos

Due to Chronic Glomerulo Nephritis — Duration ?

Due to

Other Conditions Cardiac dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Chronic Glomerulonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hart
Address University Hospital Date signed 3/13

78543

HEALTH DEPARTMENT—CITY OF BALTIMORE

78543

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Stricker St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willemae Lapp

If U. S. Veteran specify WAR

(a) Residence: No. 411 N. Stricker St., Ward. S.S. 215-16-3341

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 26, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	9	15 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Lapp

14. BIRTHPLACE (city or town) (State or country) Aiken, S.C.

MOTHER

15. MAIDEN NAME Mary Perkins

16. BIRTHPLACE (city or town) (State or country) Columbia S.C.

17. INFORMANT Ida Perkins

(Address) 411 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cems Date 3/15 1941

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder Ste.

20. MAR 14 1941 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1941 to March 11 1941

I last saw her alive on March 10, 1941. Death is said to have occurred on the date stated above, at 6 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1940

Other contributory causes of importance: Nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Douglas Shepperd M. D.

(Address) 1431 W. Franklin St

information should be carefully supplied. Age should be given in years and months. If less than one month, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E 78544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No. E 78544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Washington

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widow

6 (b) Name of husband or wife Ranson Washington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1886.

8. AGE: Years	Months	Days	If less than one day
55	-	13	hr. min.

9. Birthplace Columbia S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER
12. Name ?
13. Birthplace ?

FATHER
14. Maiden Name Annie Davis
15. Birthplace Columbia S. C.

16 (a) Informant Anna May Newman
(b) Address 642 N. Carey St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/16/1941. (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1941, at 2:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandenbergh M.D. Medical Examiner.
Date signed 3/11/41

78545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 78545

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 S. Smallwood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2015

3 (a) FULL NAME Rudolph Stengler

3 (b) If veteran, name war	3 (c) Social Security Account No. 212-07-5324

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mattie S. Stingler
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1888

8. AGE: Years	Months	Days	If less than one day
52	5	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Bartlett Hayward Co.

FATHER
12. Name John P. Stingler
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Cofran
15. Birthplace Baltimore, Md.

16 (a) Informant Mattie S. Stingler
(b) Address 405 S. Smallwood St.

17 (a) Burial (b) Date thereof March 17/941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount National
Location Baltimore
18 (a) Funeral director Frederick A. Dolle
(b) Address 700 W. Lombard St.
MAR 14 1941 (b) Huntington Williams Md.
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1941 to March 12 1941, and that I last saw him alive on March 12 1941.

Immediate cause of death
Myocardial Failure
Due to Rheumatic Myocarditis and Endocarditis.
Due to
Other Conditions Phlebitis - 1st degree.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
?
yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel E. Bogrand Jr. M.D.
Address 1905 W. Baltimore St. Date signed 3/14/41

VS 8

78546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78546 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 S. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George M. Kiser

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna May Kiser
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 30, 1881

8. AGE: Years	Months	Days	If less than one day
59	7	12	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Moulder
11. Industry or business B. & O. R. R.

FATHER
12. Name Ambrose Kiser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Nichols
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Anna May Kiser
(b) Address 20 S. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-15-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Ridge Memorial Park
Location Westn. Bldg.
18 (a) Funeral director Frederick A. Cole
(b) Address 1306 W Lombard St. Baltimore, Md.
19 (a) MAR 14 1941 (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1941, to March 12 1941, and that I last saw him alive on March 11 1941.

Immediate cause of death Cerebral Hemorrhage Embolism — **Duration** 3-11-41
Due to chronic myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Kramm M. D.
Address 206 S Gilmor St **Date signed** 3-14-41

VS 3

78547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78547

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2 S. Legeter

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2 S Legeter (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Lee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of ~~husband or~~ wife Anna Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1882

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace ? Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Anna Lee

(b) Address 2 S. Legeter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Brantley Lane

MAR 14 1941 (c) Received by Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1941, at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941, to Mar 12 1941, and that I last saw him alive on Mar 12 1941.

Immediate cause of death	Duration
Acute Myocarditis	1 day
Bronchial Asthma	
Due to Acute Nephritis	6 weeks
Due to	one
Other Conditions Cirrhosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dow L. Berry M. D.

Address 1420 E. Chase Date signed Mar 13 '41

78548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78548 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 N. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Doebel Schockel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Henry Schockel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1860

8. AGE: Years 80 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Aloysius Doebel
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Miss Anna Doebel
(b) Address 1745 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 MAR 14 1941 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13th 1941 . at 3 1/4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1941 . to 3/13 1941 .
and that I last saw her alive on 3/12 1941 .

Immediate cause of death: Cerebral Hemorrhage — Duration 13 Hrs.
Due to Arterio-sclerosis — Years
Due to Hypertensive Cardio Vas. Disease — Years
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bromley M.D.
Address 1121 Broadway Date signed 3/13/41

VS 3

F 78549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W Registered No. F 78549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo2wks
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3643 Elm Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Leo Strider

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 212 01 7773

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle Bishop

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	1	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Head timekeeper-Camp Meade

11. Industry or business

FATHER
12. Name William Strider,
13. Birthplace Charlestown, W. Va.

MOTHER
14. Maiden Name Eleanore Hartmen,
15. Birthplace Oella, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul st

MAR 15 1941 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1941, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1941, to March 13, 1941, and that I last saw him alive on March 13 1941

Immediate cause of death: Myocardial failure — Duration 2 mo.

Due to Coronary Sclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/14/41

E 78550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

E 78550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 MsX 24th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Baltimor
(If outside city or town limits, write RURAL and give county)
(d) Street No. 409 MsX 24th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Rennie

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1853

8. AGE: Years 86 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Scotland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Rennie
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace Scotland

16 (a) Informant James Rennie
(b) Address 409 MsX 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Cathedral
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1217 E Fort Ave

19 MAR 15 1941 Hunting to Williamsport
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24th. 1941. to Mar. 13th. 1941.
and that I last saw him alive on mar. 11th. 1941.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Chronic Interstitial Nephritis unknown	
Due to:	
Other Conditions: Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo W Montgomery M.D.
Address 401 E. 25th. Street Date signed 3/14/41.

VS 2

78551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

Registered No. E 78551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 99 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. 24th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Azel Houghton (61615)

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Houghton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1896

8. AGE: Years	Months	Days	If less than one day
45	—	5	hr. min.

9. Birthplace Maine
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business U.S. Govt

FATHER
12. Name Frederick
13. Birthplace Maine

MOTHER
14. Maiden Name Margaret Hawks
15. Birthplace Maine

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(a) MAR 15 1941 (Signature of Registrar) Thurlington Williams, M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1941, at 12:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5, 1941 to March 14, 1941. and that I last saw him alive on March 14, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	March 1940.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hospital Date signed 3-14-41

78552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-V

E 78552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 E. 35½ st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 E. 35½ st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen A. Marley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James W. Marley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 13th 1862

8. AGE: Years	Months	Days	If less than one day
78	9	0	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Richard T. Savin
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Aitken
15. Birthplace Md.

16 (a) Informant Harvey A. Marley
(b) Address 632 E. 35½ st

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount Mausoleum
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul st

MAR 15 1941 (Date received by registrar) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13th 1941, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1941. to 3/13 1941.
and that I last saw h W alive on 3-13 1941.

Immediate cause of death
Cerebral Hemmorage — Duration 2 hr
Due to 11 arteria Sclerosis
Due to
Other Conditions Myocardial degeneration
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury None

23. Signature Samuel Miller
Address 1500 N Bdwy Date signed 3/14/41 M. D.

78553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 78553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 848 W 36th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 848 W 36th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph H. Patterson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elsie M. Patterson

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 26 1861

8. AGE: Years 79 | Months 11 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Maryland.
(City, county, and state)

10. Usual Occupation Retired.

11. Industry or business Gas Station Operator

FATHER
12. Name Joseph Patterson.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Susannah Haines.
15. Birthplace Maryland

16 (a) Informant Elsie M. Patterson.
(b) Address 848 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville, Md.

18 (a) Funeral director Edmondson & Donovan
(b) Address 3605 Edmondson Ave

19 MAR 15 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1941, at 11 50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13, 1941 to March 13, 1941 and that I last saw him alive on March 13, 1941

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jules Gallert M. D.

Address 848 W 36th St Date signed 3-14-41

78554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ F 78554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3007 Louise Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 3007 Louise Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Meta D. DeVries

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jacob H. DeVries

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4th 1862

8. AGE: Years	Months	Days	If less than one day
79	-	9	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name — Dirkson

13. Birthplace Germany

MOTHER

14. Maiden Name —

15. Birthplace Germany

16 (a) Informant Henry DeVries

(b) Address 3007 Louise Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 17 41 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto City

18 (a) Funeral director Lassahn Raymond Herne

(b) Address 7401 Belair Rd

19 MAR 15 1941 (b) Huntington Williams M.D.

(Local registrar, registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1941, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1936, to March 13 1941, and that I last saw her alive on March 12 1941.

Immediate cause of death Chronic Myocarditis — Duration 2 years

Due to

Due to

Other Conditions Diabetes Mellitus — 5 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury None

23. Signature R. K. Gordy M. D.

Address 5106 Harford Road Date signed 3-14-41

VS 2

78555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-

Registered No. E 28555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Hebrew Cemetery Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Joseph Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1889

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Price
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Molley C. Hilleary
15. Birthplace Pa.

16 (a) Informant Miss C. R. Senart
(b) Address 2812 Conn Ave Washington D.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof March 15 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Harry H. Hilzke
(b) Address 4101 Edmondson Ave Huntington Williams, Mgr.

19 (a) MAR 15 1941 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 7 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, of femur-neck-capital epiphysis, shock — Duration

Due to Laceration of cerebral cortex, hemorrhage and edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/6/41
(c) Where did injury occur? In front of 2095 Eutaw St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell while intoxicated

23. Signature H. H. Gundelfinger M.D. Medical Examiner.

Date signed 3/13/41

78556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 78556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1346 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1346 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie L. Ames

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1887

8. AGE: Years 54 | Months 1 | Days 10 | If less than one day: hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Daniel Garrett
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Annie Bordley
15. Birthplace Md.

16 (a) Informant Catherine Ames
(b) Address 1346 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Bentalou St.

MAR 15 1941 Registered by Registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941 at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18, 1940 to May 13, 1941. and that I last saw her alive on May 13, 1941.

Immediate cause of death: (a) Hypertension Cardio-Renal Disease — Duration: 8 Mo.
Due to:
Due to:
Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E. 23rd St. Date signed 3-13-41

VS 2

78557 F 78557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-W

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Gibson

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
76			hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business .....

FATHER
12. Name Christian Kraft
13. Birthplace ?

MOTHER
14. Maiden Name Margaret Edgrame
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 17. 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rida Weidefeld
(b) Address 914 Greenmount Ave

19 (a) Date rec'd by registrar ..... (b) Registered .....

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1941 at 5.45p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 10 - 1941 to Mch 13 - 1941 and that I last saw her alive on Mch 13 - 1941

Immediate cause of death	Duration
Edema of Lungs -	3 days
Due to	
Due to Cerebral Hemorrhage	4 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 3/14/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 78558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Fill in all blanks. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 Loretto Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) X
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Lauretta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Betty Wood

3 (b) If veteran, name war	3 (c) Social Security Account No.
X	X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30 1866

8. AGE: Years	Months	Days	If less than one day
74	8	14	hr. min.

9. Birthplace Baltimore Co (Town, county, and state)
10. Usual Occupation Retired House wife
11. Industry or business Self –

FATHER
12. Name Charles Standiford
13. Birthplace Baltimore Co

MOTHER
14. Maiden Name Paluna Evens
15. Birthplace Baltimore Co

16 (a) Informant Mrs Earl Holden
(b) Address 2321 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17-41 (month) (day) (year)
(c) Cemetery or crematory Salem Church Mt Olivet Rd
Location Springville Md
18 (a) Funeral director Charles P Powell
(b) Address 2427 Pennsylvania Ave

MAR 15 1941 (Registered by number)
(b) Thomas Jefferson Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1941 to March 14 1941, and that I last saw h e alive on March 13 1941

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerotic Heart Disease
Due to Essential Hypertension
Other Conditions Thrombophlebitis, left leg
(Include pregnancy within 3 months of death)

Duration
2 days
2
2
2 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J Stinchcomb M.D.
Address 2302 Edmondson Ave M. D. Date signed 3/14/41

F 78559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 78559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1143 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Stierhoff

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Anna L. Stierhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23. 1856

8. AGE: Years 84 | Months 6 | Days 1917 | If less than one day: hr. min.

9. Birthplace Pikesville Md. (Town, county, and state)

10. Usual Occupation Retired Produce Dealer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Gordon Leroy Stierhoff
(b) Address 1143 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15. 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Esty

18 (a) Funeral director Mt. Nus. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 MAR 15 1941 (Date rec'd by registrar) (b) Huntington Indiana Mgr Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1941, at 9.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1935 to Mar 12, 1941. and that I last saw h alive on Mar 12, 1941.

Immediate cause of death	Duration
Acute Heart Failure	
Due to Arteriosclerosis	over
Due to Senility	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis J. Glass M. D.
Address 876 Woodbourne Ave Date signed 3/13/41

F 78560

HEALTH DEPARTMENT—CITY OF BALTIMORE

78560

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Belair Rd St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward T. Appel

If U. S. Veteran specify WAR

(a) Residence: No. 2213 Belair Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura T. Appel

6. DATE OF BIRTH (month, day, year): July 22 1866

7. AGE: Years 74 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John C. Appel

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Ellen Judge

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Mrs Alice Engenfelter

(Address) 2213 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Oakland Date: 3-17-41

19. UNDERTAKER: Wendell E. Humphreys

(Address) 1501 N. Broadway

20. FILED: 19 [illegible]

MAR 15 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14, 41

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 41 to 3-14 19 41

I last saw him alive on 3-12-41. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	about 2
Cerebral Arteriosclerosis	over 10 yrs
Pulmonary Embolus	

Other contributory causes of importance:

Was an operation performed? No Date of:

For what disease or injury?

Name of operation:

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

MAR 14 1941

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 78561 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1258-E. North Ave.
(c) Hospital or institution: --------
(d) Length of stay in hospital or inst. (yrs., mos., or days) -- -
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1258-E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Annie Romoser

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 7/27/1855

8. AGE: Years 85 | Months 7 | Days 16 15 | If less than one day -- hr. ------- min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Philip Romoser
13. Birthplace Germany

MOTHER
14. Maiden Name Dora ?
15. Birthplace Germany

16 (a) Informant Wm. S. Schafer
(b) Address 1258-E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 MAR 15 1941 (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1941, at 3.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 5, 1941, to Mch 12, 1941, and that I last saw her alive on Mch 11 1941.

Immediate cause of death Asthma — Duration 3 days
Due to
Due to Arteriosclerosis — Duration 3 years
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh Forsythe, M. D.
Address 421 E. North Ave Date signed 3/13/41

F 78562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E ✓ F 78562

Registered No. 61390 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 E. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Radziewicz (Or) Jadwiga Radziewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	Married

6 (b) Name of husband or wife John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1904

8. AGE: Years	Months	Days	If less than one day
37	1	18	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Blackowicz
13. Birthplace Poland

MOTHER
14. Maiden Name Lucy Dziubeck
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Agase A. Weber
(b) Address 745 [illegible] Baltimore, Md.

19 (a) MAR 15 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1940 to 3-14 1941, and that I last saw her alive on 3-14 1941.

Immediate cause of death	Duration
Carcinoma original site undetermined	3
Metastases to spinal cord	3
Due to Paraplegia	14 d.
Due to Decubitus ulcer	2 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney P. Eberly M.D.
Address Baltimore City Hosp. Date signed 3-14-41

VS 2

F 78563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 ✓ Registered No. 28563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Madeline M Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1921

8. AGE: Years	Months	Days	If less than one day
19	8	1921	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Edward Rehan
13. Birthplace Md
14. Maiden Name Freda Kunze
15. Birthplace Md

16 (a) Informant Mr. Thomas M Bradley
(b) Address 418 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) Transported from Williamsport, Md.
(Signature of Registrar) Registrar

MAR 15 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1941, to 3-12 1941, and that I last saw her alive on 3-12 1941

Immediate cause of death: Acute endocarditis — Duration: 3 days

Due to:

Due to:

Other Conditions: Epilepsy (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. East ave Date signed 3-12-41

78564
3-14021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 78564

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Demby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-10

8. AGE: Years	Months	Days	If less than one day
30	7	-	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Louis Spencer
13. Birthplace VA.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory not Edmony
Location

18 (a) Funeral director Edw. Holstead & Sons
(b) Address 7 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Nilsen M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 13 1941, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 4 1941, to MAR 13 1941, and that I last saw her alive on MAR 13 1941

Immediate cause of death	Duration
Due to Typhoid Fever	3 Wks ±
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Typhoid Fever

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Billings M. D.
Address J. H. Hospital Date signed 3-14-41

78565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/ 3B

✓ F 78565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1868 Ashland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Silas Miller (64246) ✓

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-07-2261

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1888

8. AGE: Years	Months	Days	If less than one day
52 51	11	17 19	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Patrick Miller
13. Birthplace Va.

MOTHER
14. Maiden Name Martha
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Chas. H. Albert
(b) Address

19 MAR 13 1941 (Date rec'd by registrar) Hunter Fox Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1941, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7, 1941, to March 10, 1941, and that I last saw him alive on March 10, 1941

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospitals Date signed 3-11-41

VS 3

78566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 78566 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Homer C. Twine

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-1721

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Separated

6 (b) Name of husband or wife Lutretia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10-1894

8. AGE Years	Months	Days	If less than one day
46	5	1	hr. min.

9. Birthplace St. Joseph Mo. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Twine
13. Birthplace St. Joseph Mo.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Lutretia Twine
(b) Address 1508 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Geo H. Holland
(b) Address 1036 Druid Hill Ave ~~Huntington Williamsville, Md~~

19 (a) MAR 15 1941 (b) Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1941 at 6a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. VanDeGrift M.D.
Medical Examiner.

Date signed 3/11/41

F 78567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 78567

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 N. Hilton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Hilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES WILKES WOLFE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie M. Wolfe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1860

8. AGE: Years 80 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Salesman - Retired

11. Industry or business Wm. H. Cole & Sons

FATHER
12. Name Unknown
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Katherine Jones
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Jos. Clayton Wolfe
(b) Address 4 N. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 15 1941 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1941, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to Mar. 12 1941, and that I last saw him alive on Mar. 10 1941

Immediate cause of death
Acute Cardiac Decompensation — Duration 1 wk.
Due to Coronary Sclerosis — 10 mos.
Due to Generalized Arteriosclerosis — 10 years
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer K. Gallagher M. D.
Address Catonsville, Md. Date signed 3/13/41

VS 3

78568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 78568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3128 Orlando Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 S. Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Augusta P. Silster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife August H.

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1864

8. AGE: Years 76 | Months 2 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. H. Mauske

13. Birthplace Germany.

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mrs. Emma Braun

(b) Address 3128 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/41 (month) (day) (year)

(c) Cemetery or crematory St. Paul's Cemetery

Location Govans

18 (a) Funeral director H. Klemann & Son

(b) Address 32 S Broadway

19 (a) MAR 15 1941 (Date received by Registrar) (b) Huntington Williamsburg, Md.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 5 59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1935, to 3/12 1941, and that I last saw her alive on 3/12 1941.

Immediate cause of death Coronary Occlusion — Duration 3/13/41

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Vaginal Hysterectomy Haemorrhoidectomy

Of autopsy ——

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide. ——
(b) Date of occurrence ——
(c) Where did injury occur? —— (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —— While at work? ——
(Specify type of place)
(e) Means of injury ——

23. Signature C. P. Rose King M. D.

Address 326 N Lombard St Date signed 3/14/41

78569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 78569
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1243 Light St.
(c) Hospital or institution: Dr Balto. Genl. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary Warfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife late Geo E. Warfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown - 1860

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Asa Austin Burrows
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Katherine Gooney
(b) Address 4808 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/1941 (Month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Forgewood + Edmondson Ave

18 (c) Funeral director John J Cowdes + Son
(b) Address 901 Pulliam St

19 (a) Filed MAR 15 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1941 to 3-13 1941 and that I last saw her alive on 3-13 1941

Immediate cause of death	Duration
Bronchopneumonia, Influ.	3 days
Due to	
Due to	
Other Conditions Arteriosclerosis Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D Bernstein M. D.
Address 1 E. Eager St. Date signed 3-13-41

VS 8

63608-RD F 78570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 78570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Darby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-27

8. AGE: Years	Months	Days	If less than one day
13	9	24	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Fleet Darby
13. Birthplace Va.

MOTHER
14. Maiden Name Cordelia Bundy
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-16-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Brooklyn

18 (a) Funeral director Wm Brooks
(b) Address 443 Du Carroll

19 (a) MAR 15 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1941, at 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1941 to 3-13 1941, and that I last saw her alive on 3-13 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3-10-41

Major findings of operation 2nd stage thoracoplasty

of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney A. Peller Jr. M. D.

Address Baltimore City Hosp. Date signed 3-13-41

VS 3

F 78571 ✓
11 – N Fulton Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11V

Registered No. F 78571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 N Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Timothy J Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anne J Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1876

8. AGE: Years 64 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James J Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden name Anne Hehor
15. Birthplace Ireland

16 (a) Informant Anne J Sullivan
(b) Address 901 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Dayton Md

18 (a) Funeral director Geo E Tyler
(b) Address Fulton Ave & Hartsdale Ave Huntington Station, Md

19 (a) MAR 15 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11- 1941, to 3-13 1941, and that I last saw him alive on 3-11 1941.

	Duration
Immediate cause of death CARDIAC FAILURE	2 DAYS.
Due to ASTHMATIC BRONCHITIS	2 YRS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R Kleiman M. D.
Address 1101 N. Fulton Ave Date signed 3-18-41

VS 3

F 78572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Jenkins Memorial
(c) Hospital or institution: Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
Street No. 628 Nottingham Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Beatrice Paul Marmion

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Paul Marmion
6 (c) If alive give age ..... years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Newport Kentucky
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Emanuel Gabriel Pennie Paul
13. Birthplace Mo.

MOTHER
14. Maiden Name Louise Dotore
15. Birthplace Mo

16 (a) Informant Preby Marmion
(b) Address 628 Nottingham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory H S Natl Cem
Location Arlington Va

18 (a) Funeral director Geo A Fuller
(b) Address Catonsville, Md

19 (a) MAR 15 1941 (b) ..... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Mar 14 1941, and that I last saw him alive on Mar 14 1941

Immediate cause of death Heart Block — Duration 20 yrs
Due to Degen Cardio-Vas Dis
Due to Arteriosclerosis & Obesity
Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Sol Polk M. D.
Address Same Date signed 3/14

VS 2

78573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-H Registered No. F 78573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Linden & Madison St.
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Luzerne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Hilbinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12 - 1936

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert G. Hilbinger
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Catherine Hoffman
15. Birthplace Balto. Md.

16 (a) Informant Herbert G. Hilbinger
(b) Address 30 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) Huntington Williams, M.D. Registrar
MAR 15 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941, at 6.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941, to Mar. 12 1941, and that I last saw h/M alive on Mar. 12 1941.

Immediate cause of death Sarcoma — Duration

Due to Retroperitoneal Sarcoma

Due to

Other Conditions Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Generalized abd. Sarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md General Hosp. Date signed 3/17/41

F 78574

F 78574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., days) 12 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2706 Elliott St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1-4

3 (a) FULL NAME THOMAS BARKOWICZ

Bath F 5318

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 8, 1940

8. AGE: Years | Months: 6 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Thomas Barkowicz

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Sophia Bauss

15. Birthplace Balto - Md.

16 (a) Informant Mrs. Sophia Barkowicz

(b) Address 2706 Elliott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 14 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Balto. County

18 (a) Funeral director Joseph M. Welsh

(b) Address 401 [illegible]

MAR 15 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1941 to 3-13 1941, and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Dehydration	
Cardiac	
Due to Diarrhea - Vomiting	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benjamin N. Lloo Jr

Address University Hosp Date signed 3/13/41

F 78575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78575

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 9 N. Eden St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 9 N Eden St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Dora Trusty

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-1884

8. AGE: Years 56 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Alexander Lloyd

13. Birthplace md

MOTHER 14. Maiden Name Sarah Smith

15. Birthplace Md

16 (a) Informant Thomas Trusty

(b) Address 9 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 | 17 | 41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto City

18 (a) Funeral director Isaiah D Brown Son

(b) Address 1 D P W Monty Pomery St

MAR 15 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1941, at 1.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1941 to Mar 12 1941, and that I last saw h alive on Mar 12 1941.

Immediate cause of death: Lobar Pneumonia — Duration: 7 Dy.

Due to

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo Lawson M.D.

Address 1051 N Carlton Date signed 3/13/41

VS 3

F 78576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 78576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) **FULL NAME** Catherine Anna Fry

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18 1879

8. AGE: Years 61 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Edward Earle Fry
13. Birthplace Lynn, Mass.

MOTHER
14. Maiden Name Frances C. Joines
15. Birthplace Maryland

16 (a) Informant Mrs. Edw. H. Fry (Brother)
(b) Address 10 E. 33rd St. City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director STEWART & HOWEN COMPANY
(Address) (Mrs. F. WOODCK SUC.) 103 W. NORTH AVENUE

MAR 15 1941

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1941, at 4 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941 to Mar 14 1941, and that I last saw her alive on Mar 14 1941.

Immediate cause of death	Duration
Septicemia - Streptococcus Hemolyticus	-
Due to carcinoma	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Shaver M. D.
Address University Hospital Date signed 3/14/41

78577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 78577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 ODONNELL ST.
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 ODONNELL ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARGARET E. FALKENSTEIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife WILLIAM FALKENSTEIN
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEB. 4 1861

8. AGE: Years	Months	Days	If less than one day
80	1	9	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE CLUBERG
13. Birthplace GERMANY

MOTHER
14. Maiden Name SOPHIA HARMES
15. Birthplace GERMANY

16 (a) Informant ROBERT A. FALKENSTEIN (SON)
(b) Address 3522 ODONNELL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 17/41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL,
Location ODONNELL ST.

18 (a) Funeral director Billy J. Zaiser
(b) Address 403 S. WOLFE ST. Inc.

19 MAR 15 1941 (Date received by Registrar) (b) Signature of Registrar for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 13 41 8/20 PM. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Mar 13 1941, and that I last saw h alive on Mar 13 1941.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Chr. Myocarditis	Feb 1 1941
Due to Terminal Bronchpneumonia	Mar 10/41
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Ed Schmunk M. D.
Address 842 S. Ent Av Date signed 7-15-41

Hambury

F 78578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Isaac J. Hambury

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Mary A. Hambury

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 18 - 1860

8. AGE: Years	Months	Days	If less than one day
80	6	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Mariner

FATHER
12. Name James Hambury
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant Sarah M. MacAuley Ellicott
(b) Address 916 Wilmington Ave Balt.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/17/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 16 1941 (b) Huntingtown Calvert Co. Md.
(Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1941, at 6:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection + Inquiry had that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 3-15-41

F 78579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 78579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St. Balto
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Evalena Longwell Miles

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank W. Miles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1864

8. AGE: Years 77 | Months 1 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Cambridge Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James Langrall
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Mac Kenzie
15. Birthplace Md.

16 (a) Informant Evalena L. Miles
(b) Address 3417 Nth Wash Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) MAR 16 1941 (Date received by Registrar) (b) Harry J. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1941 to Mar. 14 1941.
and that I last saw h— alive on Mar. 13 1941.

Immediate cause of death Hemiplegia — Duration

Due to Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 3/15/41

F 78580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a

Registered No. F 78580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry King D.D.S.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Lelia King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd 18

8. AGE: Years: 56 | Months: 10 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Dentist.
11. Industry or business: Own Practice

FATHER
12. Name: James M. King
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Hannah McKown
15. Birthplace: Maryland

16 (a) Informant: Mrs Lelia King
(b) Address: 2810 E. Monument st.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) MAR 16 1941 (b) Huntington, Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1941 at 4:A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1941 to 3/15 1941, and that I last saw h[illegible] alive on 3/15 1941.

Immediate cause of death: Pulmonary Embolus — Duration

Due to: Post Operative Cholecystostomy

Due to: Empyema of gallbladder 14 days

Other Conditions. 0

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Empyema of gallbladder + abscess underlying
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J Kunnamacher M. D.
Address Mercy Hospital Date signed 3/15/41

F 78581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 78581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 E. Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lillian M Wilson

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 20AF

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Douglas Wilson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 19, 1899

8. AGE: Years 46 | Months 9 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business At Home

FATHER
12. Name Maddison Boyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Matherson (unknown)
15. Birthplace Ireland

16 (a) Informant Douglas Wilson Jr.
(b) Address 16 E. Hamburg St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director William Cook
(b) Address [illegible]

19 (a) ..... **(b)** ..... Registrar
(Date rec'd by Registrar)
MAR 15 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 1941, at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941 to 3-14 1941, and that I last saw her alive on 3-14 1941.

	Duration
Immediate cause of death Cardiac Insufficiency	1 wk.
Due to Coronary Thrombosis	1 mo.
Due to Hypertensive Cardiovascular Disease	6 mos.
Other Conditions Possible Ca Carcinoma of the Bowel	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Goldberg M. D.
Address Franklin Square Hosp. **Date signed** 3-14-41

F 78582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 78582

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 E. Baltimore N
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 E. Balto N (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis P. Reynolds
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Elizabeth J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 24-1878
8. AGE: Years 62 | Months 3 | Days 20 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Clerk of Court
11. Industry or business Courts

FATHER
12. Name Owen Reynolds
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Monahan
15. Birthplace Ireland

16 (a) Informant Wife Elizabeth Reynolds
(b) Address 3322 E. Balto
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road
18 (a) Funeral director Frank V. Pipitone
(b) Address 2815 E. Balto N
19 MAR 16 1941 (Date rec'd by Registrar) Huntington Mills

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1941, at 2-15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1941, to Mar 14 1941, and that I last saw him alive on MAR 14 1941.

Immediate cause of death: Carcinoma of Stomach — Duration: 18 Mon
Due to: Metastatic Carcinoma
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 318 Wed. Ctr Bldg Date signed 3-14-41 M. D.

F 78583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

✓ F 78583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 E. FAIRMOUNT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 E. FAIRMOUNT AVE
(If rural give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country RUSSIA

3 (a) FULL NAME IDA BLUM ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife GABRIEL BLUM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ISAAC BIRMBAUM
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SADIE ?
15. Birthplace RUSSIA

16 (a) Informant SAMUEL BLUM
(b) Address 1807 E. FAIRMOUNT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Phila. Pa. + HAMILTON AVE

18 (a) Funeral director Jack Dennis Inc
(b) Address 1439 E. Baltimore St.

19 (a) (Signature of Registrar) (b) Registrar

MAR 18 1941
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14-41 19 45 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941, to March 14 1941, and that I last saw h[illegible] alive on March 14 1941.

Immediate cause of death: Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore L. Solomon
Address 12 E Baltimore Date signed 3/15/41 M. D.

F 78584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 78584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 Parkwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flowre Pell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1923

8. AGE: Years	Months	Days	If less than one day
17	9	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Isaac Pell
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Balto Md

16 (a) Informant Isaac Pell
(b) Address 2840 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Belair Rd & Bowleys Lane

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1941, at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to 3-14 1941, and that I last saw h alive on 3-14 1941.

Immediate cause of death
Tumor of cerebellum

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Multiple Tumors of Cerebellum
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Secher M. D.
Address Sinai Hospital Date signed 3/14/41

F 78585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78585

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 Garrument + A

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2024 Wilkins ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Leah Roysen

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-07-8976

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 39 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER

12. Name Rubin Roysen

13. Birthplace Russia

MOTHER

14. Maiden Name Rachael Israel

15. Birthplace Russia

16 (a) Informant Evelyn Geltman

(b) Address 5007 Chalgrove ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Moses Montefiore

Location Mush Rd

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore st

19 (a) (Date rec'd by registrar) MAR 16 1941 (b) Huntington Ave Baltimore Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941 to March 15 1941, and that I last saw her alive on March 15 1941

Immediate cause of death: Hemorrhage into brain — Duration

Due to Metastatic carcinoma

Due to Carcinoma of breast

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jesse N. Borden M. D.

Address Sinai Hospital Date signed 3/15/41

F 78586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 Bank Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Bank Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Joseph Ziemba

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Mary Ziemba
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69 68			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Michael Ziemba
13. Birthplace Poland

MOTHER
14. Maiden Name Apolonia Bogacz
15. Birthplace Poland

16 (a) Informant Michael Ziemba (Son)
(b) Address 2020 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-41. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

MAR 16 1941 (Date rec'd by registrar) (b) [illegible] for Williams, Mgr

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th 1941, at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ on Mar 15, 1941, to (Mar 15, 1941) and that I last saw him alive on Mar 15 1941.

Immediate cause of death: Chronic myocarditis and myocardial degeneration — Duration: 7 years.
Due to
Due to
Other Conditions Arteriosclerosis, Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sigmund R. Nowak M.D.
M. D.
Address 408 S. Patterson Pk. Ave. Date signed Mar 15, 1941

F 78587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

F 78587
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2746 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2746 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Grenagle

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Grenagle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1877

8. AGE: Years	Months	Days	If less than one day
63	2	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Chemist (Stat.)
11. Industry or business Silk

FATHER
12. Name Adam Grenagle
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mary E. Grenagle
(b) Address 2746 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17-1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George E. Schnaut
(b) Address 3101 Frederick Ave

MAR 16 1941 (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1936 to March 13 1941.
and that I last saw him alive on March 13 1941.

Immediate cause of death	Duration
Uremia	2 days
Due to Cardio-Vascular Renal disease & Hypertension	1935
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 3432 Fredrick Ave Date signed

F 78588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 78588

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md'nd (b) County
(c) City or town Ba Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 E. Hughes St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennings L. Fry

3 (b) If veteran, name war

3 (c) Social Security Account No. 226-05-5420

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ruby
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1905

8. AGE: Years	Months	Days	If less than one day
35	4	17	hr. min.

9. Birthplace Portsmouth Va (Town, county, and state)
10. Usual Occupation Elec. Welder
11. Industry or business Beth. Steel Co.

FATHER
12. Name Epsteen
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Beth. Dry Dock
(b) Address Key Highway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director J. J. McCully
(b) Address 130 E Fort Ave

MAR 16 1941 (Date received by Registrar) Hunter H. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941 at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941 to March 15 1941 and that I last saw h[illegible] alive on March 15 1941.

Immediate cause of death: Cardiac failure — Duration: [illegible]
Due to: Bronchopneumonia — Duration: 2 wks.
Due to: — Duration:
Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1e Prather Av Hosp Date signed 3/15/41 M. D.

VS 8

F 78589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

F 78589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland S.S. Western Ocean
(b) Street address 1101 Key Highway
(c) Hospital or institution: Bethlehem Steel Company
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Marshall st (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Albert De Berry

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6670

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Shellbaker

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Oct 30 1911

8. AGE: Years 29 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)

10. Usual Occupation Work hoder

11. Industry or business Steel Industry Bethlehem

FATHER 12. Name Wilbur
13. Birthplace Pa

MOTHER 14. Maiden Name Barbara Scott
15. Birthplace Md.

16 (a) Informant Mrs. W. A. De Berry
(b) Address 1606 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Frederick Rd

18 (a) Funeral director D. F. McCarty
(b) Address 120 E. Fort Ave

19 (a) MAR 16 1941 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 11:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured fracture of skull — Intracranial injury — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/14/41 24-2
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work Yes
(Specify type of place) If not at work, give usual occupation
(e) Means of injury Fell through Skylight on S.S. Western Ocean

23. Signature W. A. Wandelschneider M.D.
Medical Examiner.
Date signed 3/14/41

F 78590 × F 78590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Ho Balto. Jail. Hosp. 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) (2)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Balto. Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Townsend Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? (3) years

3 (a) FULL NAME Elizabeth J. Eckert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1873

8. AGE: Years	Months	Days	If less than one day
[redacted]57	9	20	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Geo. Balk
13. Birthplace Germany

MOTHER
14. Maiden Name Elsie Johnson
15. Birthplace Germany

16 (a) Informant Mr. Geo. Eckert
(b) Address 5647 Hazel Ave Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director I. F. McCully
(b) Address 130 E. Fort Ave.

19 (a) ..... (b) ..... (Date received by registrar)

APR 10 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1941, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941 to 3-14 1941, and that I last saw h[illegible] alive on 3-14 1941.

Immediate cause of death	Duration
Coronary Occlusion	3 Days
Due to	
Due to	
Other Conditions Hypertension C-V Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7/14/41

F 78591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 78591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Clinton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Connelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-9835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 16 - 1916

8. AGE: Years	Months	Days	If less than one day
25	1	26 28	hr. min.

9. Birthplace Queen Annes Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Rustless Iron & Steel Co

FATHER 12. Name Carroll T. Connelly

13. Birthplace Easton Talbot Co. Md.

MOTHER 14. Maiden Name Mary Verona Hardesty

15. Birthplace Sudlersville - Md.

16 (a) Informant Carroll T. Connelly

(b) Address Chestertown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)

(c) Cemetery or crematory Chester Lawn.

Location Chestertown Md.

18 (a) Funeral director Marion Williams

(b) Address Chestertown Md.

MAR 16 1941 (Date received by registrar) (By) Hunter H. Williams Asst.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1941, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Intra-peritoneal Hemorrhage	
Due to	
Other Conditions Avulsion of Mesentery Ruptured R. Rectus muscle (Include pregnancy within 3 months of death)	

Major findings:
Of operations yes - as mentioned
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-14-1941 2 P.M.
(c) Where did injury occur? Rustless Iron & Steel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? yes
(e) Means of injury Crushed by wire machine

23. Signature Howard J. Wheeler M.D. Medical Examiner.

Date signed 3-14-41

F 78592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78592 Registered No. 1104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 N Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 N. Gay St (If rural, give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James T. Sharp

3 (b) If veteran, name war No
3 (c) Social Security Account No. 218-03-0043

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1881

8. AGE: Years 60 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name James Sharp Sr
13. Birthplace Md

MOTHER 14. Maiden Name Fanny Sharp
15. Birthplace Md

16 (a) Informant Dewey Smethurian
(b) Address 1024 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Payne Sanders
(b) Address 1442 E Preston St

19 (a) 3-6-1941 (Date received by registrar) (b) Certificate issued by Wm. H. Williams M.D.

AR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 14 1941 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1941, to 3-14 1941
and that I last saw h[illegible] alive on 3-13 1941.

Immediate cause of death Toxemia
Lobar Pneumonia — Duration 2/9/41 - 3/14/41 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin B. Le Compte M. D.
Address 1113 N Carlton St Date signed 3/14/41

F 78593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 78593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Harford Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter T Appell

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Christine A Appell
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cafe Keeper
11. Industry or business ✓

FATHER 12. Name John Appell
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Adams
15. Birthplace Germany

16 (a) Informant Mrs. Christine A Appell
(b) Address 1106 Harford Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/17/1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem, Location Eastern Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hillen St.

19 MAR 16 1941 (Date rec'd by registrar) (b) Huntingtown Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to March 14 1941, and that I last saw him alive on March 13 1941

Immediate cause of death	Duration
Carcinoma of Stomach	Oct. 1940
Due to	
Due to Acute Cardiac Dilation	3/14/1941
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Roane M.D.
Address 801 Kennedy Ave Date signed March 16 41

VS 8

F 78594 × F 78594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Long Green (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Ball Hess

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-3680

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma A. Mrs. Charles B. Hess
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 11, 1878

8. AGE: Years	Months	Days	If less than one day
62	8	5	hr. min.

9. Birthplace Rutledge Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Mr. Charles Hess
13. Birthplace Maryland Mt Jeanthville

MOTHER
14. Maiden Name Rachael Ball
15. Birthplace Kenna Rutledge Md

16 (a) Informant Ralph Hess
(b) Address Long green Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 41 (month) (day) (year)
(c) Cemetery or crematory Jamestown Cemetery
Location Jarrettsville Md

18 (a) Funeral director E. G. Hunt & Son
(b) Address Jamestown Md

19 (a) MAR 16 1941 (b) Attesting Long Williamsville Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941, at 7 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1941, to March 16 1941, and that I last saw h alive on March 16 1941

Immediate cause of death Bronchopneumonia and peripheral collapse — Duration 2 days

Due to Carcinoma of Lung — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Herbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 3-16-41

F 78595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 80-B

F 78595 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Endicott (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Monroe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Schrieber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1882

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation None ?

11. Industry or business

FATHER
12. Name Beryl Schrieber
13. Birthplace Hungary

MOTHER
14. Maiden Name Brayna ?
15. Birthplace Hungary

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16/41 (month) (day) (year)
(c) Cemetery or crematory
Location Binghamton N.Y.

18 (a) Funeral director Ad Lewis Son & Boot
(b) Address 1124-26 W. North ave

19 (a) MAR 18 1941 (b) [illegible] Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 16 1941, at 3-50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 15 1941 to MAR 16 1941, and that I last saw him alive on MAR 16 1941

Immediate cause of death	Duration
Encephalitis - type not determined - not epidemic a.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland
Address John Hopkins Hosp. Date signed 3-16-41 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

78596 | CERTIFICATE OF DEATH | 78596

V 162-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2555 McCulloh St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2555 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11 6 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	1855	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shepherd (State or country) Md.

FATHER

13. NAME Grandel Fuller

14. BIRTHPLACE (city or town) Dont Know (State or country)

MOTHER

15. MAIDEN NAME Lizzie Johnson

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Millard Smith

(Address) 267 N. 114 N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Joy Cem. Date 3/16 1941

19. UNDERTAKER Chas H. Davis

(Address) 1200 mccolloh St

20. FILED MAR 16 1941 19 Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13- 1941

22. I HEREBY CERTIFY, That I attended deceased from March 10 1941 to 3-12 1941

I last saw her alive on 3-12 1941 Death is said to have occurred on the date stated above, at 2.30 P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Waller M. D.

(Address) 1147 McCulloh

F 78597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

146-G

F 78597
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 37
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Vincent Kelly, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-4890

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Grace Kelly
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 3-1871

8. AGE: Years	Months	Days	If less than one day
69	10	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)
10. Usual Occupation President
11. Industry or business publishing company

FATHER
12. Name Thomas D. Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Clark
15. Birthplace Ireland

16 (a) Informant Mrs. Grace Kelly
(b) Address 910 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. City

18 (a) Funeral director A. Kerman Lemmon
(b) Address 4611 Park Heights

MAR 16 1941 (b) Huntington Hill
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941 at 10 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1941 to 3-13 1941 and that I last saw h[illegible] alive on 3-13 1941.

Immediate cause of death: Carcinoma - Pancreas — Duration: 1 year
Due to
Due to
Other Conditions: Jaundice to Liver — 4 mos.
(Include pregnancy within 3 months of death)
Major findings: CA - Pancreas
Of operations
Of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Guy F. Scarpa
Address Mercy Hospital Date signed 3/16/41

F 78598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

F 78598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Riggs Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Riggs Ave
(If rural, Lett's location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delores Hall Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife James J. Harrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9-1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
25	1	3		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Hall
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Fallen
15. Birthplace Virginia

16 (a) Informant Mrs Evelyn Hall
(b) Address 1204 Riggs

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

MAR 16 1941 (Date received by Registrar) Hunting Ridge, Baltimore, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1941 at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940 to March 12 1941 and that I last saw h- alive on March 16 1941

Immediate cause of death

Carcinomatosis

Due to Carcinoma of Ovary

Due to Uterus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 months
9 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Higgins, M. D.
Address 243 Madison Ave Date signed 3/15/41

78599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78599

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Stevenson Run, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Anna Deems

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name, Frederick Young
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Mollie Saunders
15. Birthplace Balto Md.

16 (a) Informant Rosalie Deems
(b) Address Stevenson Run Md.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Balto Md

18 (a) Funeral director James J Burke & Co
(b) Address Stevenson Run Md.

MAR 17 1941 (Date rec'd by Registrar) (Signature of Registrar) Hamilton for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1941, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1941, to 3-15 1941, and that I last saw her alive on 3-15 1941.

Immediate cause of death: Carcinoma of breast — Duration

Due to:

Due to:

Other Conditions: Brain metastasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Means M. D.
Address University Hospital Date signed 3-15-41

78600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1124-B E 78600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4327 Marble Hall Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince
(c) City or town Sayville, Longpaland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Northwood Arts
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jaco G. BURGOYNE

3 (b) If veteran, name war: Society of 4th Company Maziers.

3 (c) Social Security Account No. 062-03-8841

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Clara R.
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 19-1894

8. AGE: Years	Months	Days	If less than one day
46	9	24	..... hr. ..... min.

9. Birthplace Conn.
(Town, county, and state)
10. Usual Occupation Insurance Underwriter
11. Industry or business New Amsterdam Cas. Co.

FATHER
12. Name George Burgoyne
13. Birthplace Canada

MOTHER
14. Maiden Name Josephine Craig
15. Birthplace unknown

16 (a) Informant Mrs. Clara R. Burgoyne
(b) Address 4327 Marble Hall Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory .....
Location Ansonia, Conn.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves

19 MAR 17 1941 (Date received by local registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1940 to 3-16 1941, and that I last saw him alive on 3-16 1941.

Immediate cause of death	Duration
Gastro Intestinal Hemorrhage -	
Chronic Myocarditis	
Due to Cirrhosis Liver (Portal) & Diabetes	over
Due to Rheumatic Cardio Vascular Disease	
Other Conditions Ascites - and Dependent Oedema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature L. B. Post, M. D.
Address 7105 York Road Date signed 3-16-41

78601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-c

Registered No. E 78601

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Mosher (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Smith - Jr

Birth F 12476

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-1940

8. AGE: Years | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace S. C.

MOTHER
14. Maiden Name Lillie Gardner
15. Birthplace S. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Parkson
(b) Address 916 Pennsylvania ave
(c) Huntington Hillcrest Mort

MAR 17 1941 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 15 1941, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 14 1941, to MAR 15 1941, and that I last saw him alive on MAR 15 1941.

Immediate cause of death: Acute Ramage-tracheo-bronchitis — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/14/41

Major findings of operation: Tracheotomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 3/15/41

78602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1114-D

F 78602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Johansen St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Millner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Cooksville, Maryland (Town, county, and state)
10. Usual Occupation Junkman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Gertrude Johnson
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory Cooksville Cemetery
Location Cooksville Md.

18 (a) Funeral director Milligan & Jackson.
(b) Address 916 Pennsylvania ave

19 MAR 17 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1941, at 8:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 1941, to March 14, 1941, and that I last saw him alive on March 14, 1941.

Immediate cause of death: Abscess of lung — Duration: Unknown

Due to — Duration: ovv

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. N. a Dunn, M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 3/14/41

VS 3

78603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 78603

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 Lorman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 Lorman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alverta Mundell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Mundell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-1868

8. AGE: Years 72 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Chas Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business own home

FATHER
12. Name Alfred Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Margret ?
15. Birthplace Maryland

16 (a) Informant Eva Blount
(b) Address 1841 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Pisgah Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) [illegible] Washington Williams

MAR 17 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15-1941, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-1941, to 3-15-1941, and that I last saw her alive on 3-14-1941.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 3-16-41

78604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. F 78604

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Haven St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Haven St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Elizabeth Stout

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1923

8. AGE: Years 17 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name William Stout

13. Birthplace Balto. Md.

14. Maiden Name Hilda Neeler

15. Birthplace Balto. Md.

16 (a) Informant Mr. Wm Stout

(b) Address 108 N. Haven St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)

(c) Cemetery or crematory St. Matthews

Location Orrell St

18 (a) Funeral director John C. Miller, Inc.

(b) Address 2733 E. Oliver St.

MAR 17 1941 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1941, to 3/15 1941, and that I last saw h alive on 3/15 1941.

Immediate cause of death: Acute Dilatation of Heart (20) | Duration: Few Hours

Due to

Due to

Other Conditions: Acute Nephritis, Lobar Pneumonia, Type X (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight L. Snyder M.D.

Address 3323 E. Oliver St. Date signed 3/16/41

78605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 78605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Luzerne Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Charlton

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-9657

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ann E. Charlton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 - 1876

8. AGE: Years	Months	Days	If less than one day
64	9	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Foreman U. S.
11. Industry or business Printer + Litho.

FATHER
12. Name John B. Charlton
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Hands
15. Birthplace Md.

16 (a) Informant Ann E. Charlton
(b) Address 411 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 17 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

MAR 17 1941 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1941 at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17-40, to March 13 1941, and that I last saw him alive on March 13 1941.

Immediate cause of death	Duration
Myocardial insufficiency	24 hrs.
Due to Arterio-sclerosis	
Due to Chronic gastritis	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: none made

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. B. Bronushas, M.D.
Address 3037 O'Donnell St Date signed 3-16-41

78406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

584 Registered No. E 78606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas Russo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-8-26

8. AGE: Years	Months	Days	If less than one day
15	1	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name John Russo
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Russo
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 19 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2624 Delaware St.

19 MAR 17 1941 Huntington, West Virginia
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1941, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1941 to Mar 15 1941, and that I last saw h[illegible] alive on Mar 15 1941.

	Duration
Immediate cause of death Pulmonary Edema	6 Hours
Due to Heart failure	
Due to Acute Rheumatic Fever & Acute Pancarditis	3 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harlton Klemm
Address Johns Hopkins Hosp. Date signed M. 3 D. 15/41

78607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No. E 78607

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Dorchester Rd.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 33 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 DORCHESTER RD. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM B. JUDEFIND

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	MARRIED

6 (b) Name of husband or wife STELLA SCOTT JUDEFIND
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) OCT. 24, 1862

8. AGE: Years	Months	Days	If less than one day
79	4	20	hr. min.

9. Birthplace EDESVILLE (KENT CO.) MARYLAND (Town, county, and state)
10. Usual Occupation RETIRED MINISTER
11. Industry or business METHODIST CHURCH

FATHER
12. Name WILLIAM K. JUDEFIND
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name A.J.B. HARPER
15. Birthplace BETTERTON (KENT CO) MARYLAND

16 (a) Informant ARLINGTON L. JUDEFIND (BROTHER)
(b) Address 3809 DORCHESTER RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/17/1941 (month) (day) (year)
(c) Cemetery or crematory LORRAINE CEMETERY
Location WOODLAWN, MARYLAND

18 (a) Funeral director Walter Burke Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) MAR 17 1941 (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1941, to March 14 1941, and that I last saw him alive on March 14 - 1941.

Immediate cause of death — Duration

Cerebral haemorrhage — 6 days
Due to Hypertension Atherosclerosis
Hemiplegia - rt. side
Due to Complications - not able
to speak.

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fermadge King Nichols M. D.
Address 20 W. Read St. Date signed March 17, 1941

78608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 78608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 Mt. Holly Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Mt. Holly Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE W. VERNON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Fannie Rowand Vernon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov. 30, 1851
8. AGE: Years 89 | Months 3 | Days 14 | If less than one day hr. min.
9. Birthplace: Claymont, Delaware (Town, county, and state)
10. Usual Occupation: Retired Foreman
11. Industry or business: Lumber Business

FATHER
12. Name: Frank F. Vernon
13. Birthplace: Claymont, Delaware

MOTHER
14. Maiden Name: ? Ottie
15. Birthplace: Claymont, Delaware

16 (a) Informant: Mrs. Virginia A. Vernon
(b) Address: 2122 Mt. Holly Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory: Lawncroft Cem.
Location: Linwood, Delaware

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (c) MAR 17 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to March 14 1941, and that I last saw h[illegible] alive on March 13 1941.

Immediate cause of death: Myocarditis — Duration: about 2 mos

Due to: advanced arteriosclerosis — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Talbot Dunbar, M. D.
Address 2220 Garrison Blvd Date signed 3/17/41

78609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Auchentoroly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Auchentoroly Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILSON DAVIS WATERS

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hannah R. Waters
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1862

8. AGE: Years 79 | Months 2 | Days 4 3 | If less than one day ....hr. ....min.

9. Birthplace Calvert Co., Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Railroad Employee

FATHER
12. Name Sewell D. Waters
13. Birthplace Virginia

MOTHER
14. Maiden Name Ellen E. Monnet
15. Birthplace Calvert Co., Maryland

16 (a) Informant Mrs. Hannah P. Waters
(b) Address 2904 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory Waters Mem. Cem.
Location Calvert Co., Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

MAR 17 1941
(Date rec'd by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1941, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to March 15 1941, and that I last saw h[illegible] alive on March 15 1941.

Immediate cause of death
Coronary Occlusion — Duration 1/2 hr.
Due to
General Arteriosclerosis — Duration 4-5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. S. Hurst M. D.
Address 716 Cathedral St. Date signed 3-16-41

392095
78610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124 a F 78610 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore KENWOOD Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Edmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Codd

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-68

8. AGE: Years	Months	Days	If less than one day
72	1	0	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Real Estate Self
11. Industry or business Retd

FATHER
12. Name Edward Codd
13. Birthplace Md. (Balto.)

MOTHER
14. Maiden Name Emma Junior
15. Birthplace Md. (Balto.)

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 18 41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address 9 Dulaney Place

MAR 17 1941 (Date received by registrar) (Signature of registrar) for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1941. at 11 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1941. to Mar 15 1941. and that I last saw h[illegible] alive on Mar 15 1941.

Immediate cause of death Cirrhosis of Liver — Duration 5-10 years

Due to — Duration over

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Advanced Cirrhosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Esther Klein M. D.
Address Johns Hopkins Hosp. Date signed 3-18-41

78611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. E 78611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Lauretta Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Lauretta Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME JULIA M. SMITH

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1879

8. AGE: Years 62 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Geo. W. Shank
(b) Address 2308 Lauretta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAR 17 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1941, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941, to March 15 1941, and that I last saw h alive on March 15 1941.

Immediate cause of death: Cerebral Thrombosis — Duration 4 mos.
Due to: Cerebral Arteriosclerosis — 2
Due to: Generalized Arteriosclerosis — 2
Other Conditions: Chronic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Sturdivant M.D.
Address 2302 Edmondson Ave Date signed 3/15/41

78612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78612

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-1882

8. AGE: Years	Months	Days	If less than one day
58	9	5	hr. min.

9. Birthplace South Carolinia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace So. Carolinia

MOTHER
14. Maiden Name unknown
15. Birthplace So. Carolinia

16 (a) Informant Mrs. Lizzie Mc Clotha
(b) Address 1039 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Camden S. G.
Location Camden, So. Carolinia

18 (a) Funeral director Archibald A. Saffis
(b) Address 2101 Mc Elrod St.

19 MAR 17 1941 Registered by (Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to March 15 1941 and that I last saw h[illegible] alive on March 14 1941.

Immediate cause of death Cardiac Renal — Duration

Due to — Duration own

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. N. Hatcher M. D.

Address 1725 Pa Ave Date signed 3/17/41

78613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 78613

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Biggs Ave St. 16-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Marie L. Hall (Maria Hall) If U. S. Veteran specify WAR _____

(a) Residence: No. 1102 Biggs Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hall

6. DATE OF BIRTH (month, day, year) June 2 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Maryland

FATHER

13. NAME George R. Berry

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Maryland

MOTHER

15. MAIDEN NAME Alethia Mason

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Maryland

17. INFORMANT Minnie E. Bass
(Address) 1102 Biggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3-17-1941

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 McCulloh St

20. MAR 17 1941 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1940 to Mch 13 1941
I last saw h[illegible] alive on Mch 13 1941. Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardio-Renal	Sept 1940
Vascular Hydrama	Mch 13 /41

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) B. F. Hulett M. D.

(Address) 1122 N. Pa

78614

cc 64447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-a

Registered No. 78614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Burnett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan , 1909 ?

8. AGE: Years	Months	Days	If less than one day
32	2		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Skodis (d)
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 1402 W. Lafayette Ave

MAR 17 1941 (Date received by Registrar) Registrar for Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1941, at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1941 to 3-16 1941, and that I last saw her alive on 3-16 1941.

Immediate cause of death	Duration
Carcinoma of the uterus	5
Due to Uremia, due to Bil. pyelonephritis	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman Snyder M. D.
Address Balt. City Hosp. Date signed 3-16-41

F 78615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 78615
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 N. Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 N. Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella L. Cummings

3 (b) If veteran, name war: no.

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife: George F. Cummings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26, 1872

8. AGE: Years	Months	Days	If less than one day
68	6	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William G. Parks
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie C. Hitzelberger
15. Birthplace Baltimore, Md.

16 (a) Informant Annie C. Smith
(b) Address 945 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory St. Matthew's
Location O'Donnell St.

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) MAR 17 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to March 15 1941, and that I last saw h[illegible] alive on March 15 1941.

Immediate cause of death	Duration
Diabetic Coma	5 yrs or more
Due to Diabetes	
Due to Chronic nephritis	months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2005 E. Monument St Date signed 3/16/41

VS 3

MRS. ADDIE E. YOUNGER

78616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 78616 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 W. 33rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~~years~~

3 (a) FULL NAME Mrs. Addie E. Younger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife T. Albert Younger

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1874

8. AGE: Years	Months	Days	If less than one day
66	6	27	hr. min.

9. Birthplace Maryland Prince Georges Co
(Town, county, and state)

10. Usual Occupation H. W. At Home

11. Industry or business

FATHER
12. Name Josephus Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Chaney
15. Birthplace Maryland

16 (a) Informant Millard J. Younger
(b) Address 820 N. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18-1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Moriah Hampden
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road
Huntington Williams Mfg Co

19 (a) Date received by Local Registrar MAR 17 1941 (b) Registered number

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1941, at 3:29 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1941 to 3/15 1941, and that I last saw her alive on 3/15 1941.

Immediate cause of death Bronchopneumonia
a myocardial insufficiency

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Longshein
Address Md General Hosp Date signed M. 3 D. 15/41

78612 Granger

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. E 78617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Genrl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. Gettings St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Granger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-03-4977

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabella Hammond Granger
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1883

8. AGE: Years	Months	Days	If less than one day
57	5	9	hr. min.

9. Birthplace Balto., Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Granger
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mamie Little
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Isabel Granger
(b) Address 414 E. Gettings

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto., Md.

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light St.

19 (a) (Address of registrar) (b) Huntington Williams, M.D. Registrar

MAR 17 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 11 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941, to March 16 1941, and that I last saw h[illegible] alive on March 16 1941.

Immediate cause of death: Carcinoma fair cure — Duration (1 day)
Due to: Rheumatic Heart fair care
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 20 Race, Jun Hosp. Date signed 3-16-41

78618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

Registered No. 78618

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1004 N. Broadway (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Theodore Dubovsky.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-0289

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Nathan Israel Dubovsky

13. Birthplace Russia

MOTHER 14. Maiden Name Esther

15. Birthplace Russia

16 (a) Informant Blanche Dubow

(b) Address 731 Otis Place Wash D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ German Hill Rd.

Location Baltimore County

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Baltimore St. Huntington Williams, Mgr.

MAR 17 1941 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 6:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941, to March 16 1941, and that I last saw h[illegible] alive on March 16 1941.

	Duration
Immediate cause of death: Pulmonary Cardiac Failure	
Bronchial Pneumonia	
Due to Chronic Nephritis.	over
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Eastwood

Address Lee Beeler Jun. Hosp. Date signed 3-16-41 M. D.

78619 Wheatley

BALTIMORE CITY HEALTH DEPARTMENT 126 F 78619

CERTIFICATE OF DEATH Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 Allegheny Ave.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 Allegheny Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marguerite Elizabeth Wheatley

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Morris E. Wheatley

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1910

8. AGE: Years	Months	Days	If less than one day
30	7	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles A. Collins

13. Birthplace Maryland

MOTHER 14. Maiden Name Pauline V. Bolyard

15. Birthplace Maryland

16 (a) Informant Morris E. Wheatley

(b) Address 133 Allegheny Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)

(c) Cemetery or crematory Mountain View

Location Carroll Co. Md.

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 E. Monument Ave.

MAR 17 1941 (Date received by Registrar)

(b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to March 1941, and that I last saw h[illegible] alive on May 15 1941.

Immediate cause of death	Duration
Shock	about
Secondary hemorrhage,	2½ hrs
Anesthesia	
Due to Cholecystectomy	
Due to Cholecystitis and Cholelithiasis	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings: Of operation Elongated gall-bladder with gall-stones

Of autopsy none

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas L. Galvin

Address 13 E. Monument St Date signed 3/15/41

VS 3

F 78620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 78620

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 Fort Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 Fort Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES B. CRAIG

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-7922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	Married

6 (b) Name of husband or wife M. Gertrude Craig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16, 1889

8. AGE: Years	Months	Days	If less than one day
51	4		hr. min.

9. Birthplace Philamount Loudon Co. ? Va.
(Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name John Franklin Craig
13. Birthplace North Fork, Va.

MOTHER
14. Maiden Name Lola Batson
15. Birthplace Grafton West Va.

16 (a) Informant M. Gertrude Craig
(b) Address 333 Fort Hill Ave.

17 (a) Burial (b) Date thereof 3-19-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Gwynn Oak Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

MAR 21 1941 Huntington Hill Co. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed 3-20-41

V8 6

F 78621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-M

Registered No. F 78621

MARGIN-RESERVED-FOR-BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3858 Falls Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3858 Falls Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa M. Howard.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Lida Howard.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1872

8. AGE: Years	Months	Days	If less than one day
69	1	12	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER 12. Name Benjamin Howard.
13. Birthplace Md.

MOTHER 14. Maiden Name Clara Hedrick.
15. Birthplace Md.

16 (a) Informant Lida Howard.
(b) Address Cockeysville, Md.

17 (a) Burial. (b) Date thereof March 17/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Poplar,
Location Balto Co. Md.

18 (a) Funeral director Ehenoweth & Donovan
(b) Address 3615 Harrington Williams Ave.

19 MAR 17 1941 (b) Registered
(Registered by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1941. at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940 to March 14 1941, and that I last saw h[illegible] M alive on March 14 1941.

Immediate cause of death	Duration
Pneumonia -	
Arteriosclerosis C V Renal Disease	2.
Due to Chronic Glomerular Nephritis -	
Due to Arteriosclerotic Cardiovascular Renal.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Emmanuel M. D.
Address 3711 Falls Rd Date signed 3-17-41

VS 2

63579-FD

F 78622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/61

Registered No. F 78622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore city hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 2das.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 Pennsylvania avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-1877

8. AGE: Years	Months	Days	If less than one day
63	5	4	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation maid

11. Industry or business Union Memoral Hospital

FATHER
12. Name Jerry Marshall
13. Birthplace Unk.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Unk.

16 (a) Informant Baltimore city hospitals records
(b) Address 4940 eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Chas. George H. Hellen
(b) Address 1631 Pennsylvania Ave.

19 MAR 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1941, at 7 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1941, to 3-14 1941, and that I last saw her alive on 3-14 1941.

Immediate cause of death: Arteriosclerosis generalized — Diabetes mellitus — Duration 3 yrs. 2 yrs. 6 mos.

Due to: Gangrene of right foot due to arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 2-25-41

Major findings of operation: 2-25-41 Gangrene R. foot. Amputation mid-thigh

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Lehrer Jr. M. D.
Address Baltimore City Hosp. Date signed 3-14-41

F 78623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 78623

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Same (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4216 Shamrock Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 - 1880

8. AGE: Years	Months	Days	If less than one day
60	2	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Sheet metal worker

11. Industry or business —

FATHER
12. Name William Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Otto
15. Birthplace Germany

16 (a) Informant Margaret M. Schultz
(b) Address 4216 Shamrock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Howard J. Hoffman
(b) Address 23 E. Fayette St.

19 MAR 17 1941 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 14 - 1941, at 5:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Hoffman M.D.
Medical Examiner.
Date signed 3-15-41

78624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 78624

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4208 Sheldon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Sheldon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARL LANGHIRT

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Katherine Langhirt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Martin Langhirt

13. Birthplace Md

MOTHER 14. Maiden Name Anna Bluel

15. Birthplace Md

16 (a) Informant Katherine Langhirt

(b) Address 4208 Sheldon ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director Leonard Kruck

(b) Address 5305 Harford Rd

19 (a) 3-17-1941 (Date rec'd by registrar) (b) Huntington Williams Mort Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941 at 4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber Medical Examiner. M.D.

Date signed 3-16-41

F 78625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-a

F 78625 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 ELLSWORTH AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. JOHN WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LEOLA WILLIAMS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 10, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	6	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN WILLIAMS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name LAVINA FOWLER
15. Birthplace MARYLAND

16 (a) Informant MRS. RUTH SHAW
(b) Address 1637 GLIDEVIEW AVE.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 MAR 17 1941 (Date rec'd by registrar) Interment for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 16 1941, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAR. 13 1941, to MAR. 16 1941, and that I last saw HIM alive on MAR. 16 1941.

	Duration
Immediate cause of death INTESTINAL OBSTRUCTION	11 days
Due to	over
Due to	
Other Conditions CEREBRAL ACCIDENT over (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations
Of autopsy Intestinal obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. K. Crampton M. D.
Address Church Home & Inf. Date signed 3-16-41

VS 3

78626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37-6 F 78626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St.
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 da
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Abbotston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Conrad J. Rice
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary G. Brooks Rice
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 27 1866

8. AGE: Years	Months	Days	If less than one day
75	9	18	..... hr. ..... min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Fred J. Rice
13. Birthplace Balto md

MOTHER
14. Maiden Name Elizabeth Rebecca Lampe
15. Birthplace Balto md

16 (a) Informant Mrs. Ida Stopp
(b) Address 314 Roslyn Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3 18 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd
(c) Date received by registrar MAR 17 1941 Huntingtown Williamsport

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to March 15 1941 and that I last saw h alive on Mar. 14 1941.

Immediate cause of death Intermuscular thrombosis of coronary disease with chronic myocarditis — Duration .....
Due to Senility ....
Due to ....
Other Conditions Prostatectomy ....
(Include pregnancy within 3 months of death)
Major findings:
Of operations Benign prostatic hypertrophy ....
Of autopsy ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Harry Kalmanson M. D.
Address St. Joseph's Hosp. Date signed 3-15-41

78627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B ✓ Registered No. E 78627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days) 32y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Mont. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? MOUNT years

3 (a) FULL NAME Theresa Holt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/31/04

8. AGE: Years: 32 | Months: 1 | Days: 4 1/2 | If less than one day: hr. min.

9. Birthplace Maryland, Balto.
(town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Willie Holt.
13. Birthplace ?

MOTHER
14. Maiden Name Lula Pearson
15. Birthplace ?

16 (a) Informant Beatrice Holt.
(b) Address 1432 Mont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Asia H. Kelson
(b) Address 1303 Pennsylvania Ave
(b) Huntington Williams 16

MAR 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941. 5PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1941. to Mar. 13 1941, and that I last saw her alive on March 13 1941.

Immediate cause of death: Cerebral Edema & Uraemia post anesthesia — Duration: 2d

Due to

Due to

Other Conditions Pulmonary edema Nephritis. — 20.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Dorsey M.D.
Address Provident Hospital Date March 13, 41

VS 3

78628 64177 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ F 78628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 16-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Mount Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Boston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1903

8. AGE: Years	Months	Days	If less than one day
37	5	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Keith (d)
13. Birthplace Ga.

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Isaac S. Kelson
(b) Address 1303 Presstman St

19 MAR 17 1941 (Date received by registrar) (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 6:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1941, to 3-14 1941, and that I last saw her alive on 3-14 1941.

Immediate cause of death	Duration
Cerebral accident	1 day
Due to Hypertension C V D	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Accident

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-15-41

E 78629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. E 78629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Sunderland
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business School

FATHER 12. Name Russell Hardesty
13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Mary Margruss
15. Birthplace Calvert Co Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Calvert Co Md

18 (a) Funeral director [illegible]
(b) Address Owings Calvert Co Md

19 (a) (Date received by local registrar) (b) Huntingtown Maryland

MAR 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1941, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to Mar 17 1941, and that I last saw her alive on Mar 1 1941.

Immediate cause of death Pulmonary thrombosis detachment kidney fatty infiltration — Duration 2 hrs

Due to Subphrenic abscess

Due to Diffuse peritonitis which tabulized — about 1 month

Other Conditions probably ruptured appendix
(Include pregnancy within 3 months of death)

Major findings:
Of operations Subphrenic abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Clare Macmillan M. D.
Address Huntingtown Md. Date signed 3-17-41

78630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D ✓ Registered No. 28630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 Rosedale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Rosedale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Bokemeyer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel M. Bokemeyer
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) December 22, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Constable--People's Court
11. Industry or business City of Baltimore

FATHER
12. Name Louis J. Bokemeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Langewich
15. Birthplace Germany

16 (a) Informant Mr. Charles L. Bokemeyer
(b) Address 1911 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1093 W. Baltimore St.

19 MAR 17 1941 Huntington Williams M.D. Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to Mar 13th 1941, and that I last saw him alive on Mar 13th 1941.

Immediate cause of death Uremia

Duration May 1941

Due to Carcinoma of Rectum with metastasis to liver.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations alone

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3045 W. North Ave. Date signed 3/14/41

78631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 N. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie Blunt (64010)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1900

8. AGE: Years	Months	Days	If less than one day
40	8	4	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harrison Folson
13. Birthplace Ga.

MOTHER
14. Maiden Name Dolly ?
15. Birthplace Ga.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory Relreturus Memorial
Location Relreturus - md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAR 17 1941 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1941, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1941, to March 14, 1941, and that I last saw her alive on Mar. 14, 1941

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rutherburn M. D.
Address Balto. City Hospitals Date signed 3-14-41

VS 8

78632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83

F 78632 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Mosher
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Coates

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	Col	Married

6 (b) Name of husband or wife Maggie Coates

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1890.

8. AGE: Years	Months	Days	If less than one day
50	9	10	hr. min.

9. Birthplace Huntingtown Calvert Co Md.
(Town, county, and state)

10. Usual Occupation Farm Hand.

11. Industry or business

FATHER
12. Name William Coates.
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden Name Mariah Brown.
15. Birthplace Calvert Co Md.

16 (a) Informant Mrs Alverta Chase.
(b) Address 1021 Myrtle Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 16, 1941 (month) (day) (year)

(c) Cemetery or crematory Huntingtown,
Location Calvert Co. Md.

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 MAR 17 1941 (Date rec'd by registrar) Huntingtown Williams Md. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1941 to Mar 14 1941, and that I last saw her alive on Mar 14 1941.

Immediate cause of death
Cerebral Hemorrhage

Duration 4 Dys

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed Mar 17 1941

VS 3

78633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 BOONE ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME COLGAN, MRS. MARGARET.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN R. COLGAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name FRANK B. COLGAN
13. Birthplace BALTO., MD.

MOTHER 14. Maiden Name MARGARET SMEE
15. Birthplace GLASGOW, SCOTLAND

16 (a) Informant MR. JOHN R. COLGAN.
(b) Address 2202 BOONE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Interstate Undertaking Co.
(b) Address 500 E. 22nd St.

MAR 17 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1941, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941, to 3-15 1941, and that I last saw her alive on 3-15 1941.

Immediate cause of death	Duration
CORONARY THROMBOSIS	1 WEEK
Due to HYPERTENSIVE CARDIO VASCULAR DISEASE	
Due to	
Other Conditions DIABETES MELLITUS	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Supik, M.D.
Address St. Joseph Hosp. Signed 3-17-41

78634 Makris

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 78634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Makris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1915

8. AGE: Years	Months	Days	If less than one day
26	1	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Louis Makris
13. Birthplace Greece

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Greece

16 (a) Informant Louis Makris
(b) Address 2220 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert M Arnaz
(b) Address 440 E North Ave

19 (a) (Local Registrar) (b) Baltimore

MAR 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1941, 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1941, to 3/15 1941, and that I last saw him alive on 3/15 1941.

Immediate cause of death	Duration
Acute Miliary Tuberculosis Pneumonia	3 Days
Due to Pulmonary TB.	1932-41
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Kraus M.D.
Address Bon Secours Hospital Date signed 3/15/41

F 78635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 78635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909-N-Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909-N-Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Louis Seybold.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Bertha Cornell.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 10-1865.

8. AGE: Years	Months	Days	If less than one day
76	—	1	hr. min.

9. Birthplace Stuttgart Germany
(Town, county, and state)
10. Usual Occupation Clerk, Custodian.
11. Industry or business

FATHER
12. Name Louis Seybold.
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Maria Hershell.
15. Birthplace Germany.

16 (a) Informant Mrs. Louis Seybold
(b) Address 909-N-Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Maryland

18 (a) Funeral director Charles B. Bleske
(b) Address 742 West North Ave.

19 (a) (Licensed Undertaker or Authorized Agent)

MAR 17 1941 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1941, at 5.48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1941, to Mar 15 1941, and that I last saw him alive on Mar 14 1941.

Immediate cause of death Cardiac insufficiency — Duration 24 hrs
Due to Apoplexy of cerebral origin — 2 mos
Due to Hypertension — Indefinite
Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Roscoe H. Kroon M. D.
Address 243 E. Lexington St. Date signed 3-15-41

F 78636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 78636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Lena N. Kniese

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William J. Kniese

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr 9. 1872

8. AGE: Years: 68 | Months: 11 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business:

FATHER
12. Name: Frederick Lohmann
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mary K. Wallace
(b) Address: 1912 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 18. 1941 (month) (day) (year)

(c) Cemetery or crematory: Moreland Memorial
Location: Taylor Ave

18 (a) Funeral director: Mr. & Mrs. John W. Geisel & Son
(b) Address: 801 W. Fayette St.

19 (a) Date received by local registrar: MAR 17 1941 (b) Registrar's signature: [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15, 1941, at 10:45 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 19 41 to March 15, 1941, and that I last saw h[illegible] alive on March 15, 1941.

Immediate cause of death: Cardiac Insufficiency — Duration:

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions: Hemiplegia due to cerebral Thrombosis — pyelonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Carcinoma of stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Oscar Hartman,
Address: Franklin Square Hosp. Date signed: 3/15/41 (M. D.)

78637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15-B ✓ Registered No. E 78637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Plaza Apts. Wilson & Park Aves.
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Plaza Apts. Wilson & Park Aves (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Sadie Sterett Neale

3 (b) If veteran, name war No.

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. Leonard Ernest Neale

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1875

8. AGE: Years	Months	Days	If less than one day
65	5	21	23 hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business -

FATHER
12. Name John N. Littig
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sally E. Sterett
15. Birthplace Baltimore, Md

16 (a) Informant Leonard E. Neale, Jr.
(b) Address 312 Paddington Rd, Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry Meinkin & Sons Co.
(b) Address McCulloh & Orchard Sts. Baltimore, Md.

MAR 17 1941 (Date received by Registrar) (b) Permit for Interment issued Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941 at 1:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7-1936 to 3/16 1941, and that I last saw her alive on 3-16-1941

SPLENOMEGALY

Immediate cause of death Banti's disease "Splenolymphis" & Secondary Anemia

Duration 6 yrs.

Due to General Cirrhosis of Liver

Duration 2 yrs

Due to failure, Exhaustion Suddenly

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature John T. O'Mara M. D.
Address 804 Cathedral St Date signed 3/17/41

F 78638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 78638

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Moore alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virgie Mae

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 15 - 1882

8. AGE: Years	Months	Days	If less than one day
59	10	27	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Mae
13. Birthplace Accomac Co. Va

MOTHER
14. Maiden Name Katie —
15. Birthplace Va

16 (a) Informant Mrs Effie Mae
(b) Address 409 N. Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lucky
(b) Address 409 N Mount Street

19 (a) Date received by registrar MAR 17 1941 (b) Registrar Howard Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12- 1941, at 8:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

(a) 1st 1 hr 2nd Organic Brain

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 19-1
(b) Date of occurrence 3-12-1941
(c) Where did injury occur? 504 Moore alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard Williams M.D. Medical Examiner.
Date signed 3-12-41

F 78639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 28639

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 Fleet St.
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Fleet St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Gibson

3 (b) If veteran, name war Wolds War.

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Leona Gibson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4. 1887

8. AGE: Years 53 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Barber
11. Industry or business Sh. Left

FATHER
12. Name John H. Gibson
13. Birthplace Spain

MOTHER
14. Maiden Name Theresa Gotsell
15. Birthplace Baltimore Md.

16 (a) Informant Leona Gibson
(b) Address 1933 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 19[illegible] (month) (day) (year)
(c) Cemetery or crematory U.S. National Cem
Location Frederick Ave

18 (a) Funeral director Kendall & Heppel
(b) Address 312 S. Hanover

19 (a) MAR 17 1941 (Date received by registrar) (b) Hunter for Nitti

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 41, at 1 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Medical Examiner

Date signed 3/15/41

F 78640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 78640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1144 N. Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 → 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Tribull or Johann Tribel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-3174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 1882

8. AGE: Years	Months	Days	If less than one day
58	6		..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Meat

FATHER
12. Name Anthony Tribull
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Robb
15. Birthplace Germany

16 (a) Informant Anna Teichman
(b) Address 144 N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director Martin W. E. Dippel's Sons
(b) Address 1st Mt. Olivet St., Md.

19 (a) MAR 17 1941 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1940, to March 14 1941, and that I last saw him alive on March 14 1941

Immediate cause of death	Duration
1) Acute Myocarditis and also 2) Cancer of Stomach	1) 3 months and 3 days
Due to 2) Valvular heart disease	2) 3 yrs 4 mos
Due to 3) dietetasis in malignancy	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Weinstein M.D.
Address 2 W. S. Rhodeway Date signed March 16 1941

F 78641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B FE 786341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 N. Glover St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Glover St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs years

3 (a) FULL NAME Anna Klement

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Mathew Klement
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1872

8. AGE: Years	Months	Days	If less than one day
68	8	15	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Steparek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Caroline Panuska
(b) Address 614 N. Glover St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

MAR 17 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 805 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to March 13 1941, and that I last saw h er alive on March 17 1941.

Immediate cause of death	Duration
Apoplexy - CVA	
Arteriosclerotic C.V. disease	
Cardiac Hypertrophy with	
Due to Mitral Insufficiency	
Hypertension	
Due to Hypostatic Pneumonia	
Other Conditions Bronchial Asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas E Marck M.D.
Address 601 N. Luzerne Ave Date signed 3/15/41

VS 3

14 F 78642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓F 78642 Registered No. F 78642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 E. Eager St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 E. Eager St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary B. Zelenka

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John V. Zelenka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1881

8. AGE: Years	Months	Days	If less than one day
59	3	14	hr. min.

9. Birthplace New York City.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Leitzer
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Sockel
15. Birthplace Czechoslovakia

16 (a) Informant John Zelenka (Son)
(b) Address 843 N. Collington Ave.,

17 (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery.
Location Horners Lane & Phil Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (Date received by Registrar) MAR 17 1941 (b) [illegible] for Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26-1929, to 3-12-1941, and that I last saw h alive on 3-12-1941.

Immediate cause of death	Duration
Cardio-vascular-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Due to Diabetes Mellitus	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mo. B. Zelenka M. D.
Address 1802 Harford Ave. Date signed 3-15-41

78643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 78643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City Maryland
(b) Street address South Walls Gel Hpt
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Harvey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Larrison

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Married

6 (b) Name of husband or wife Rozetta Larrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	5	26		

9. Birthplace Parma
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Levey Larrison
13. Birthplace N.Y.

MOTHER
14. Maiden Name Catherine Bodenmann
15. Birthplace N.Y.

16 (a) Informant Mr. W. Chambers Co
(b) Address 511-11th St Ext S.E. Wash

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/41 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director W. W. Chambers Co
(b) Address 511-11th St S.E. Wash DC

19 (a) Huntington Williams M.D. (Date received by Registrar) Registrar
MAR 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941 at 7 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941 to March 17 1941, and that I last saw him alive on March 17 1941.

Immediate cause of death
Coronary occlusion — Duration: 1 day

Due to Arteriosclerotic CV disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Bernstein
Address 5r Walla Jan Hosp Date signed 3/17/41

78644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78644

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave. & Lake Drive Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 361 Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER REIZENSTEIN.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Beulah Reizenstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 28, 1877

8. AGE: Years	Months	Days	If less than one day
63	11	16	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Herman Reizenstein,

13. Birthplace Germany.

MOTHER

14. Maiden Name Louise Wernitz,

15. Birthplace Germany.

16 (a) Informant Mrs. W. Reizenstein,

(b) Address Riviera Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41. (month) (day) (year)

(c) Cemetery or crematory Har Sinai

Location Balto. Md.

18 (a) Funeral director David Lemmerstein & Son

(b) Address 1902 Eutaw Place.

19 (a) (b) Hunter-Lee-Williams, Inc.

MAR 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th. 1941, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to March 16 1941, and that I last saw h alive on 19

Immediate cause of death

a Arteriosclerotic Cardiovascular Renal

a Coronary Thrombosis

Duration 10 yr. 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Lemmerstein

Address Medical Arts Bldg. Date signed 3/17/41

393947
F 78645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 78645

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 E. Fairmount (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Nicholas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-94

8. AGE: Years 46 | Months 2 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Esther King
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & Ca Md

18 (a) Funeral director Robert W. Williams
(b) Address 45 45 McElderry St

MAR 17 1941 (Date rec'd by registrar)
(c) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941 at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1941 to Mar 10 1941. and that I last saw her alive on Mar 10 1941.

	Duration
Immediate cause of death: Heart Failure	6 wks
Due to: Hypertension + Arteriosclerosis	1 yr
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Arteriosclerotic Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. T. Billings M. D.
Address J. H. Hosp Date signed 3-12-41

F 78646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

F 78646 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2128 E.BALTIMORE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 E.BALTIMORE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME CATHERINE M.LEZON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JOSEPH LEZON

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.) MAR.8 1891

8. AGE: Years: 50 | Months: 0 | Days: 7 | If less than one day: ..... hr. ..... min.

9. Birthplace: POLAND (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: UNKOWN
13. Birthplace: POLAND

MOTHER
14. Maiden Name: UNKOWN
15. Birthplace: POLAND

16 (a) Informant: JOSEPH LEZON(HUSBAND)
(b) Address: 2128 E.BALTIMORE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.18/41 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S.WOLFE ST.

MAR 17 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH MAR.15 1941 7/30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.20 1941 to March 15 1941 and that I last saw her alive on March 15 1941.

	Duration
Immediate cause of death: Myocardial Insufficiency	1 day
Due to: Carcinoma of left femur	6 mos.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of left femur. Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szybiak M. D.
Address 1802 Eastern Ave Date signed 7-17-41

F 78647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 78647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 E. Pratt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Chester

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5361

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie A. Chester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1901

8. AGE: Years	Months	Days	If less than one day
40	1	16	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Shovel Operator
11. Industry or business

FATHER
12. Name Frank E. Chester
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Sadie Diamond
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Frank E. Chester
(b) Address Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lannahan Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 2.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1941, to Mar 16 1941, and that I last saw h.. alive on March 16 1941.

Immediate cause of death Myocardial Failure — Duration

Due to Syphilitic Aortitis

Due to Aortic Insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Longino
Address St. Joseph Hosp. Date signed 3/16/41

F 78648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 78648

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Forest Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm Elmer Johnson

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flossie Johnson
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar. 26 1870

8. AGE: Years	Months	Days	If less than one day
70	11	17	hr. min.

9. Birthplace Forest Hill Harford Co. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name Elisha Johnson
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Eliza Harkins
15. Birthplace Chestnut Hill, Harford Co Md

16 (a) Informant Robert Chester Johnson
(b) Address Forest Hill, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 41 (month) (day) (year)
(c) Cemetery or crematory Centre
Location Forest Hill

18 (a) Funeral director E. Glenn Olson
(b) Address Jarrettsville Md

19 (a) MAR 17 1941 (Date rec'd by registrar) (b) [illegible] Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1941, at 7:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Multiple fractures	
Due to Abrasions, head trauma	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Rt Splenectomy, Gastrectomy
Of autopsy Paralytic Ileus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-7- 1941
(c) Where did injury occur Jarrettsville Rd, Harford Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Vincent M.D. Medical Examiner.
Date signed 3-17-41

F 78649

F 78649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78649 — 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hours
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 733 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: Harry E. Worden — S.S. 181-09-4675

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Worden

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1893

8. AGE: Years: 47 | Months: 6 | Days: 3 | If less than one day: ... hr. ... min.

9. Birthplace: Boonsboro, Maryland (Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business:

FATHER
12. Name: Albert Warden
13. Birthplace:

MOTHER
14. Maiden Name: Sarah Harman
15. Birthplace:

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/19/41 (month) (day) (year)
(c) Cemetery or crematory: U.S. National
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

MAR 18 1941 (Date rec'd by registrar) (b) Hunter for Williams Mgr

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15, 1941, at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15, 1941 to March 15, 1941, and that I last saw him alive on March 15, 1941.

Immediate cause of death: Acute and chronic passive congestion — **Duration:** 8 mo.

Due to: Coronary disease with repeated closures and final infarction — **Duration:** Unknown

Due to: XXX

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. M. H. Anderson.
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 3/17/41 M.D.

F 78650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 78650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Carlisle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Carlisle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NKF

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed or~~ divorced: Married

6 (b) Name of husband ~~or wife~~: George F. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1866

8. AGE: Years 74 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Claggett
13. Birthplace Unknown

MOTHER
14. Maiden Name Caroline Alcock
15. Birthplace Balto Md.

16 (a) Informant George F. Miller
(b) Address 3403 Carlisle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St

MAR 18 1941 (Date received by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16th 1941, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1941, to Mar 16 1941, and that I last saw her alive on Mar 15 1941.

Immediate cause of death: Chronic Myocarditis. — Duration: 6 wks
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac C. Dickson, M. D.
Address 3033 N. North Ave Date signed Mar 17 41

F 78651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 78651 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 N Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida E Church

3 (b) If veteran, name war No

3 (c) Social Security Account No. 1165

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George R Church

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31. 1864

8. AGE: Years 77 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Leach
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Clara Sapp
(b) Address 1421 N Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md

18 (a) Funeral director Nelson (Col)
(b) Address 1217 E Fort Ave

MAR 19 1941 (Date filed by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941, to March 16 1941, and that I last saw h.e. alive on March 15 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3228 Eastern Ave Date signed 3-17-41

VS 3

F 78652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 78652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 W. 27th st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 W. 27th st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leander Sherman Nevin Sr

3 (b) If veteran, name war: Civil War - Indian
3 (c) Social Security Account No. 218-07-8338

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of husband or wife: Mary A. Nevin
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 25th 1865

8. AGE: Years	Months	Days	If less than one day
75	8	21	hr. min.

9. Birthplace: Balto. Co. Md. (Town, county, and state)
10. Usual Occupation: Retired Guard
11. Industry or business: S. R. Co.

FATHER
12. Name: Thomas Nevin
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Matilda Ennis
15. Birthplace: Ireland

16 (a) Informant: Elizabeth Hyle
(b) Address: 440 N. Luzerne Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Josephs
Location: Texas Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) MAR 18 1941 (Date received by local registrar) (b) Hunter-Fort Williams, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16th 1941, at 9:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 1939 to March 1941, and that I last saw h[illegible] alive on MARCH 16, 1941.

Immediate cause of death: UREMIA
Due to arteriosclerosis; nephritis, and hypertension.
Due to
Due to
Other Conditions: Left hemiplegia of 6 month's duration

Duration

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Benj. B. Moore M. D.
Address 448 N. Luzerne Ave. Date signed 3/17/41.

F 78653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √168

F 78653
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 Foster ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth A. Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1938

8. AGE: Years	Months	Days	If less than one day
3	1	10	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Melvin Gray
13. Birthplace Alberton Mont

MOTHER
14. Maiden Name Ruth Elliott
15. Birthplace Washington D.C.

16 (a) Informant Mrs Ruth F. Gray
(b) Address 2536 Foster Ave

17 (a) Burial (b) Date thereof 3/18/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 18 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1941, at 7.50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Asphyxiation — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-15-41
(c) Where did injury occur? 2536 Foster ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Illuminating Gas

23. Signature Howard J. Malkemus M.D.
Medical Examiner.
Date signed

F 78654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78654 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6301 Pinehurst Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs 4m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6301 Pinehurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Mary Duyette

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female / Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of ~~husband or wife~~ Leslie G. Duyette
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 3rd 1849
8. AGE: Years 91 | Months 4 | Days 12 | If less than one day ... hr. ... min.
9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Slaughter
13. Birthplace Pa.

MOTHER
14. Maiden Name Rebecca Brooke
15. Birthplace Pa

16 (a) Informant Leslie G. Duyett
(b) Address 6301 Pinehurst Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/15/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1507 St Paul St.

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15th 1941, at 11:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1941 to Mar. 15 1941, and that I last saw h.e.r. alive on March 8 1941.

Immediate cause of death	Duration
Generalized arteriosclerosis	6 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bowman C Lord M. D.
Address 1206 Mendenhall Ave Date signed 3-16-41

F 78655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-D

F 78655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 W Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 W. Fayette St. 18
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA J. FRANKS

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1873

8. AGE: Years	Months	Days	If less than one day
67	8	11	hr. min.

9. Birthplace Waynesboro, Pa.
(Town, county, and state)
10. Usual Occupation at home.
11. Industry or business Self

FATHER
12. Name Crist Schatzer
13. Birthplace Waynesboro, Pa.

MOTHER
14. Maiden Name Millie Dowling
15. Birthplace Waynesboro, Pa.

16 (a) Informant Wm. Henry Franks.
(b) Address 823 W. Fayette St.

17 (a) Burial (b) Date thereof 3/15/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director W. Cool
(b) Address 121 St. Paul St.

19 (a) (b) Hunter Williams
(Date rec'd by registrar) (Registrar)
MAR 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941 at 8 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~Autopsy~~ Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
and Medical Examiner.
Date signed 3-15-41

F 78656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 N Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

10 1

3 (a) FULL NAME Mollie Mahler Cullum

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alson C Cullum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1854

8. AGE: Years 87 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Christian Mahler
13. Birthplace Germany

MOTHER
14. Maiden Name Elise Hartmeke
15. Birthplace Germany

16 (a) Informant Martha Mahler
(b) Address 3514 Clifton Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount Md
Location Baltimore Md

18 (a) Funeral director Millhorn & Son
(b) Address 1219 E Fayette St

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) Burial permit issued

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 6T M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 19 41 to March 15 1941, and that I last saw h-r alive on March 12 1941.

Immediate cause of death: Myocardial degeneration — Duration: ? ?
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Samuel Culbreth M. D.
Address 714 E. Preston Date signed 3/17/41

VS 3

F 78657 59648
SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78657
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Singer Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Bernard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1874

8. AGE: Years	Months	Days	If less than one day
67	0	0	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation None
11. Industry or business OAP

FATHER
12. Name Barton Jacobs
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Maggie Smith
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 329 St. Paul St.

19 MAR 18 1941 (Date rec'd by registrar) Written by Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1940 to 3-15 1941, and that I last saw h[illegible] alive on 3-15 1941.

Immediate cause of death Arteriosclerotic heart disease — Myocardial Failure — Duration 2 yrs 2 months
Due to Diabetes Mellitus — 5 yrs.
Due to
Other Conditions Bil. amputations of legs + Old.
(Include pregnancy within 3 months of death)
Date of operation Oct. 1939 - Oct. 1940
Major findings of operation: Gangrene of Rt. Foot.
Findings of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Reyden
Address Balt. City Hosp. Date signed 3-16-41

VS 2

BIRTH # F 24949

78658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78658

CERTIFICATE OF DEATH 160-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Gary Hilton

If U. S. Veteran specify WAR

(a) Residence: No. West Baltimore General Hosp (Usual place of abode) Ward. 621 N Pulaski St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/13/41

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fred W. Hilton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Irma Ehrlich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Fred. W. Hilton

(Address) 621 N Pulaski St

18. BURIAL ~~Cremation, or Removal~~

Place Forest Park Date 3/18 1941

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED MAR 18 1941 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1941, to Mar. 16, 1941

I last saw him alive on Mar 16, 1941. Death is said to have occurred on the date stated above, at 9A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	3 days
Other contributory causes of importance: Difficult Labor.	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard E. Blumenthal, M. D.

(Address) West Baltimore General Hosp

F 78659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1641 F 78659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dst
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis J Wilcox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Married

6 (b) Name of ~~husband or~~ wife Mary Cobb Wilcox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16th 1887

8. AGE: Years	Months	Days	If less than one day
53	8	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Hardware

FATHER
12. Name Louis N. Wilcox
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Ives
15. Birthplace Balto. Md.

16 (a) Informant Mary C. Wilcox
(b) Address 213 Southway

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/17/41
(c) Where did injury occur 363 N. Gay st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury 32 Cal Luger

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/17/41

F 78660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 78660

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Calvert & Strut

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) (?)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Elkton

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (MRS.) VERLINDA ELLEN JENKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	widowed

6 (b) Name of husband or wife (ex) David H. Jenkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1870

8. AGE: Years	Months	Days	If less than one day
70	11	21	20 hr. min.

9. Birthplace Oregon (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business own home

FATHER

12. Name David Hartman

13. Birthplace ?

MOTHER

14. Maiden Name Nancy Royse

15. Birthplace Missouri

16 (a) Informant Mrs. V.E. Jenkins

(b) Address Elkton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 41 (month) (day) (year)

(c) Cemetery or crematory Rock Spring Cemetery

Location Lancaster, Penna.

18 (a) Funeral director Stewart & Mowen Company

(b) Address 108 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Hunting to Williams Registrar

MAR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941 at 6 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941 to 3-17 1941 and that I last saw her alive on 3-17 1941

Immediate cause of death Cardiac Failure — Duration 4 hours

Due to Carcinoma - Sigmoid — 2 years (?)

Due to and Toxemia — 6 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Sigmoid Colon

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John T. Schaefer

Address Mercy Hospital Date signed 3/19/41

F 78661

F 78661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 151 N. Monastery ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 151 N. Monastery ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora Shipley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James E. Shipley | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1875

8. AGE: Years 65 | Months 7 | Days 1917 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Edward Penn
13. Birthplace Md

MOTHER 14. Maiden Name —
15. Birthplace Md.

16 (a) Informant James E. Shipley
(b) Address 151 N. Monastery ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41. (month) (day) (year)
(c) Cemetery or crematory Doy Hill
Location Laurel, Md.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 E Monumental ave

19 (a) 3-18-1941 (Date received by registrar) (b) Registrar's signature

MAR 18 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/41. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/41 19 to 3/15/41 19 . and that I last saw h e alive on 3/15/41 19 .

Immediate cause of death Acute cardiac dilatation — Duration

Due to Chronic myocarditis — 5 y

Due to Pul miliary tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature A Polan

Address 47 N. Fulton Date signed 3/17/41

F 78662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78662

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St Agnes Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 2

(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED

(a) State Md (b) County Balt

(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)

(d) Street No. 561 Sulphur Spring Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Ann Dailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Robert N Dailey

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 14 1885

8. AGE: Years	Months	Days	If less than one day
55 57	9	2	hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Thompson

13. Birthplace England

MOTHER 14. Maiden Name Josephine Moore

15. Birthplace St Mary's Co.

16 (a) Informant Mr Dailey

(b) Address Sulfur Spring Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41. (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry N. Wirtz

(b) Address 4101 Edmondson Ave

MAR 18 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1941 to 3-16 1941, and that I last saw h[illegible] alive on 3-16 1941.

Immediate cause of death Staph Aureus Septicaemia — Duration 2 wks

Due to Staph Aureus thrombosis

Due to

Other Conditions Diabetes, Dyspnea Cardio Vas Dis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jos Pastro M. D.

Address St Agnes Date signed 3/16

F 78663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 78663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 Fosters Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Separated

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name Alfred Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Jones
15. Birthplace Md.

16 (a) Informant John Booze
(b) Address 1715 W. Franklin St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annapolis Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

MAR 18 1941 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1941, at 6 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Subarachnoid Hemorrhage	
Due to Aneurism	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreno M.D.
Medical Examiner.
Date signed 3-17-41

64144
78664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78664 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 712 W. Mulberry Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No. 217-05-8120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1898

8. AGE: Years	Months	Days	If less than one day
42 50	11	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business Jockey Company

FATHER — 12. Name Jeff Johnson

FATHER — 13. Birthplace Virginia

MOTHER — 14. Maiden Name Florence

MOTHER — 15. Birthplace Virginia

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Annapolis Rd.

18 (a) Funeral director Adolphus Hartman

(b) Address 918 Druid Hill ave.

19 (a) 1-8-1941 (Registrar's signature) (b) Registrar

MAR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941, to 3-17 1941 and that I last saw h[illegible] alive on 3-16 1941

Immediate cause of death

Pyopneumococcal endocarditis — Duration 7

Pneumococcal pericarditis — 7

Due to Lobar pneumonia — 1 month

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M.D.

Address Balto. City Hosp. Date signed 3-17-41

78665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78665 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. THIS correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A Holt.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Mar.

6 (b) Name of husband or wife Jane Smith
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	22	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Penna R R

FATHER
12. Name William A Holt
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Ann Gallagher
15. Birthplace Ireland

16 (a) Informant Jane Holt (w)
(b) Address 1120 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12, 1941 (month) (day) (year)
(c) ~~Cemetery or crematory~~ New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Edward W. Conklin & Son
(b) Address 924 E. Eager St

19 (a) MAR 18 1941 (Date rec'd by registrar) Clinton Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1941, at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. VanderHoof M.D.
Medical Examiner.
Date signed 3/17/41

78666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V168

F 78666 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Collett Street (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Fannie Lewis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife Anthony Lewis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business —

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Henry Lewis
(b) Address 568 Wilson Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-18-41 (day) (year)
(c) Cemetery or crematory Auburn
Location

18 (a) Funeral director Byron E. Kelson
(b) Address 1303 Presstman St.

19 (a) (Date rec'd by registrar) (b) Thomas Town Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14-1941, at 7:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Multiple lacerating wounds	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-5-41
(c) Where did injury occur? 610 Collett Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Struck with blunt instrument

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-18-41

F 78667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-a

F 78667 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 n. Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 n. Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war: W W

3 (c) Social Security Account No. 218-01-9517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Eliza Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 16, 1892

8. AGE: Years	Months	Days	If less than one day
48	6	28	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Albert Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Holland
15. Birthplace Virg

16 (a) Informant Eliza Johnson
(b) Address 1117 n Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location

18 (a) Funeral director Thomas E. Nelson
(b) Address 303 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3, 1941, to Mar. 14 1941, and that I last saw him alive on Mar. 14, 1941.

Immediate cause of death Cerebral Embolism — Duration Sudden

Due to Arteriosclerosis — Duration Post Knee

Due to Gastric Ulcer — Duration Post Knee

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Whitty M.D.
Address 723 George St
Date signed Mar 17 41

MAR 18 1941

F 78668

F 78668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Jackson Birth F 23,100

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1941

8. AGE: Years ..... | Months 1 | Days 14/5 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Robert Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Carter
15. Birthplace Maryland

16 (a) Informant Robert Jackson
(b) Address 1522 Shields Place

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Mar 18. 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location .....

18 (a) Funeral director Geo. W. Kelson
(b) Address 1303 Pressman St.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941 at 10 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration .....
Due to ..... — Duration .....
Due to ..... — Duration .....
Other Conditions ..... — Duration .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. T. Vandeweght M.D.
Medical Examiner.
Date signed 3/17/41

F 78669

F 78669 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-283-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 Westwood ave St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne Gross

If U. S. Veteran specify WAR .....

(a) Residence: No. 1838 Westwood ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Richard Gross

6. DATE OF BIRTH (month, day, year) April 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	64	11 10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Island Creek, Calvert Co Maryland

FATHER

13. NAME Fletcher Dixon

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland.

MOTHER

15. MAIDEN NAME Anna Lewis

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT William Gross

(Address) 1838 Westwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mch 18 1941

19. UNDERTAKER James A Stamper

(Address) 1947 W Pratt St

20. FILED MAR 18 1941 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb — 1939 to Mar 15 1941

I last saw h[illegible] alive on Mar 15 1941. Death is said to have occurred on the date stated above, at 1:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-15-41

Other contributory causes of importance:

Cardiac insufficiency Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) J. Douglas Sheppard M. D.

(Address) 1431 W. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 78670

F 78670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2550 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos. or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Muse

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Helen Muse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1879

8. AGE: Years 61 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Self

FATHER 12. Name Henry Muse

13. Birthplace Va.

MOTHER 14. Maiden Name Emily

15. Birthplace Va

16 (a) Informant Walter Jackson

(b) Address 440 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Thomas O. Frawley

(b) Address 578 W. Baltimore St

19 (a) (Date received by local registrar) (b)

MAR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9th 1941 to Mar 17, 1941, and that I last saw h[illegible] alive on Mar 17, 1941.

Immediate cause of death: Syncope — Duration: 6 hrs.

Due to: Cardiac Asthma — Duration: Two months

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Grant Scott M. D.

Address 324 N. Bible Date signed 3-18-41

F 78671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78671

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Divorced

6 (b) Name of husband or wife Mrs. Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1895

8. AGE: Years	Months	Days	If less than one day
45 46	7	4	hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Brown

13. Birthplace Md

MOTHER 14. Maiden Name Mary Thomas

15. Birthplace Md

16 (a) Informant Mrs. B. Collins

(b) Address 800 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto Md

18 (a) Funeral director Mrs. Frances G. Hinsley

(b) Address 578 W. Baltimore St

19 (a) Date received by local registrar MAR 18 1941 (b) Signature of local registrar Hunter for Willis Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1941, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1941 to 3-16 1941, and that I last saw h.e alive on 3-16 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Macpherson M. D.

Address President Hospital Date signed 3-16-41

F 78672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 at F 78672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Presstman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Halloran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1867

8. AGE: Years	Months	Days	If less than one day
73	10	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER 12. Name Michael Halloran
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Kane
15. Birthplace Ireland

16 (a) Informant Mrs Mary A. Kiser
(b) Address 2901 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory St Peter's Cemetery
Location Pentalow St. Laity

18 (a) Funeral director John J. Curran & Son
(b) Address 901 Hollins St.

MAR 18 1941 (Date rec'd by registrar)

(b) Hunter for W. Davis, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1939 to Mar 17 1941, and that I last saw her alive on Mar 16 1941.

Immediate cause of death

Cerebral Hemorrhage — Duration 5 days

Due to Pernicial

Due to Hepatic Failure

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Edgar A. Tuttle M.D.
Address 1219 Park Ave Date signed 3/18/41

F 78673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 78673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Baltimore Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W. Fayerweather St
(If rural give location)
1 Waterhouse St Cambridge, Mass
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME THOMAS BOSWOOD BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No. 120-07-6473

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs. J. B. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1871

8. AGE: Years	Months	Days	If less than one day
70	2	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Mgr. Mexican Petroleum Co.

11. Industry or business

FATHER
12. Name Thomas Brown
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martha Robb
15. Birthplace ?

16 (a) Informant Mrs. Marion L. Brown
(b) Address Boston, Mass.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) Huntington Williams, Mayor. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1941, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1941, to 3-17-1941, and that I last saw h/ alive on 3-17 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Pulmonary edema	2 days
Due to Heart failure - Arteriosclerotic Heart disease.	4 yrs +
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 3-17-41

78674 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78674

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hosp. St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. Edward P. Winstead

If U. S. Veteran specify WAR .....

(a) Residence: No. 1922 N. Payson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) June 23-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John M. Winstead

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Willis Gardner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3-19-41

19. UNDERTAKER Wm. J. Dickey & Son Inc.

(Address) Cor. Fulton & Lanvale Sts. Baltimore, Md.

20. FILED MAR 18 1941

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1941, to 3-16, 1941

I last saw him alive on 3-16, 1941 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1 yr.
Other contributory causes of importance: Decubitus of buttocks	2 wks

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. Wallenstein M. D.

(Address) Westminster

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 78675

F 78675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1925

3 (a) FULL NAME GRACE ESTELLE REED

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1878

8. AGE: Years	Months	Days	If less than one day
62	10	26	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Librarian
11. Industry or business Johns Hopkins University

FATHER
12. Name Joshua Leonard Reed
13. Birthplace Maryland

MOTHER
14. Maiden Name Eve Ann Bennett
15. Birthplace Maryland

16 (a) Informant Margaret D. Creamer
(b) Address 1301 Bolton St

17 (a) Burial (b) Date thereof 3/18/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) MAR 18 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1926, to March 16 1941, and that I last saw her alive on March 15 1941.

	Duration
Immediate cause of death: Acute cardiac dilatation	Instant
Due to Cardiac hypertrophy and dilatation	some months
Due to Vascular hypertension disease	many years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas M. Steele M. D.
Address 2435 Maryland Ave Date signed 3/17/41

F 78676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 78676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3342 Lyndale Ave., Balto., Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian Voss

3 (b) If veteran, name war

3 (c) Social Security Account No. 08712 8370

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1903

8. AGE: Years	Months	Days	If less than one day
37	7	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Radio Operator

11. Industry or business

FATHER
12. Name Felix Voss
13. Birthplace Hamburg, Germany

MOTHER
14. Maiden Name Anna Caldonder
15. Birthplace Hamburg, Germany

16 (a) Informant US Marine Hospital, Records
(b) Address Baltimore, Maryland.

17 (a) Burial **(b) Date thereof** Mar 19/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore

18 (a) Funeral director John Ellis
(b) Address MAR 18 1941

19 (a) (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941, at 5:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4, 1941, to March 16 1941 and that I last saw him alive on Mar. 16, 1941.

Immediate cause of death Heart Failure — Duration: Unknown

Due to Rheumatic heart disease, aortic and mitral valves involved — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. H. Anderson, M. D.
Address US Marine Hospital, Baltimore, Md. **Date signed** 3/17/41

VS 3

F 78677?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 78677

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 3206 White Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 White Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Magalena Schmuck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fenale	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1900

8. AGE: Years	Months	Days	If less than one day
40	6	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Christian J Schmuck
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna J Barnickel
15. Birthplace Baltimore

16 (a) Informant Christian J Schmuck
(b) Address 3206 White Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 18 41 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave Parkville Md

18 (a) Funeral director John Ulrich
(b) Address 2 [illegible]

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16/41 19 , at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/40 19 40 to 3/17 19 41, and that I last saw her alive on 3/16 19 41.

Immediate cause of death CANCER UTERUS — Duration 18 M. 1 D.

Due to

Due to

Other Conditions Uterine Fibroid.

(Include pregnancy within 3 months of death)

Major findings:
Of operations CANCER OF UTERUS
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4331 Harford Rd Date signed 3/17/41

F 78678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

F 78678 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 N Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No 1807 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20th 1864

8. AGE: Years 76 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Standard Overhall Co

FATHER 12. Name Jacob Bouck

13. Birthplace Md.

MOTHER 14. Maiden Name Ellen Thomas

15. Birthplace Md.

16 (a) Informant Miss Frazier

(b) Address 1807 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19th 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director Leo S. Cooke

(b) Address 1701-03 N. Rath Park Ave

MAR 18 1941 (Date rec'd by registrar) (b) Thurlow Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941, to 3/15 1941, and that I last saw h[illegible] alive on 3/15 1941.

Immediate cause of death	Duration
Acute Cerebral Hemorrhage	
Due to Ch Hypertention	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Horwitz M. D.
Address 733 Asquith St Date signed 3/18/41

VS 3

F 78679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78679 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florida M. Lewis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John N. Lewis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 23 1897

8. AGE: Years 43 | Months 5 | Days 21 | If less than one day: — hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Albert H. Rowe
13. Birthplace Virginia

MOTHER
14. Maiden Name Josie Lee
15. Birthplace Virginia

16 (a) Informant John N. Lewis
(b) Address 1839 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Maryland

18 (a) Funeral director F. B. Wisner & Son
(b) Address 1900 Belair Rd

Filed MAR 18 1941 (Date filed by Registrar)
Attested by Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941. 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941 to 3/16 1941. and that I last saw h alive on 3/15 1941.

Immediate cause of death: Cardiac failure (acute)
Due to:
Due to: Pulmonary tuberculosis 6 yrs
Chronic Myocarditis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 4 N. Fulton Date signed 3/17/41

F 78680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122A

F 78680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Lyon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1880
8. AGE: Years 61 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Simpsonville Md. (Town, county, and state)
10. Usual Occupation Hand
11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name Martha Hollings
15. Birthplace Howard County Md.

16 (a) Informant Wm. H. Jackson
(b) Address 1120 N. Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Druid Cemetery
Location Baltimore Baltimore Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 922 Pennsylvania Ave.

19 (a) MAR 18 1941 (Date received by Registrar) (b) Hamilton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16/1941, at 7 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from 3/16/41 to 3/16/41 and that I last saw h alive on 19

Immediate cause of death: Shock — Duration: over

Due to: Acute Intestinal Obstruction

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations not performed

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hayden Bowe M. D.
Address Provident Date signed 3/17/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 78681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78681 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 157 MONASTERY AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 N. MONASTERY AVE. (If rural give location)
20-7
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY E. SABLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife WILLIAM J. SABLE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 8 1855

8. AGE: Years	Months	Days	If less than one day
85	11	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE BECKER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY WERNER
15. Birthplace GERMANY.

16 (a) Informant MARY DENT (DAUGHTER)
(b) Address 157 MONASTERY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD.

18 (a) Funeral director Lilly & Sons
(b) Address 803 S. WOLFE ST.

19 (a) MAR 18 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 16 1941. 4/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1941. to 3/16 1941.
and that I last saw h[illegible] alive on 3/15 1941.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alice H. Brother M. D.
Address 4209 Frederick Ave Date signed 3/17/41

VS 3

78682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78682

Registered No.

cc 64468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 518 Gold Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Hattie Gough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1885

8. AGE: Years	Months	Days	If less than one day
55	9	15	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Henry Barnes (d)

13. Birthplace Md.

MOTHER

14. Maiden Name Laura ? (d)

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimorecity Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn A. C. Co.

18 (a) Funeral director Geo. T. G. Gibson Sr.

(b) Address 1735 Edmondson Ave

19 (a) MAR 1941 (b)

(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1941 to 3-16 1941, and that I last saw her alive on 3-16 1941.

Immediate cause of death

Hydrothorax

Cause Left Gastric Neoplasm

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
3 mos
2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Henry L. Reydon M. D.

Address Balto. City Hosp. Date signed 3-18-41

F 78683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

F 78683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 N.Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N.Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E.Klunk

3 (b) If veteran, name war -----

3 (c) Social Security Account No. 217-12-6592

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm.A.Klunk
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept.9,1899

8. AGE: Years	Months	Days	If less than one day
41	6	7	..... hr. ..... min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Wm.T.Stanchcomb
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Helen Gompp
15. Birthplace Balto. Md.

16 (a) Informant Wm.A.Klunk
(b) Address 1112 N.Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19,1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) MAR 18 1941 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 16 1941, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 25 1941, to MARCH 16 1941, and that I last saw her alive on MARCH 16 1941.

Immediate cause of death	Duration
CARDIAC FAILURE	4 days.
CEREBRAL EMBOLISM	20 days.
Due to RHEUMATIC ENDOCARDITIS	
Due to RHEUMATIC FEVER.	?
Other Conditions RENAL EMBOLISM	10 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R. Klemm, M. D.
Address 1101 N. Fulton Ave Date signed 3/17/41

F 78684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 78684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hampnett rd 51st Ave
(c) Hospital or institution Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Kenwood Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank J. Manner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Emma Manner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	7	4		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business Retired

FATHER
12. Name Paul Manner
13. Birthplace Germany

MOTHER
14. Maiden Name Philipina Bigel
15. Birthplace Germany

16 (a) Informant Mr. Albert Manner
(b) Address 615 N. Kenwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Gwynn Lane

18 (a) Funeral director J. Heuman & Son
(b) Address 8 S. Broadway

19 (a) MAR 18 1941 (b) Registrar Hampton Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to March 16 1941 and that I last saw h IM alive on March 16 1941.

Immediate cause of death: Coronary Thrombosis — Duration
Due to Arterio-Sclerosis
Due to Chronic Nephritis
Due to Chronic Myocarditis
Other Conditions Senility, Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 3001 Shannon Drive Date signed 3/17/41

78685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 Registered No. E 78685

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Frederick Ave -
(c) Hospital or institution: -

(d) Length of stay in hospital or inst. (yrs., mos., or days) - 12 D
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montreal Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Guy A. Sweitzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche Raley Sweitzer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 1900

8. AGE: Years: 40 | Months: 6 | Days: | If less than one day: ..... hr. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Electrician
11. Industry or business: Westinghouse Elec. Co.

FATHER
12. Name: Frederick Sweitzer
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sarah Appel
15. Birthplace: Md.

16 (a) Informant: Arch M. Sweitzer
(b) Address: 504 Montreal Ave Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41. (month) (day) (year)
(c) Cemetery or crematory: Cumberland Md
Location

18 (a) Funeral director: Harry H. Wintzle
(b) Address: 410 Edgewood Ave

MAR 18 1941

(Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 8 P.M. 5-5

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration: .....

Due to: .....

Due to: .....

Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature William J. Helfrich M.D.
Medical Examiner

Date signed 3/18/41

F 78686

TEMMINK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ab

Registered No. F 78686

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 Poplar Grove st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Poplar Grove st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Francis Temmink

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-18-0073

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Widower

6 (b) Name of husband or wife Sarah Conroy Temmink
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1872

8. AGE: Years	Months	Days	If less than one day
68	10	5	hr. min.

9. Birthplace Howard County, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Hotel

FATHER
12. Name Henry Temmink
13. Birthplace Holland

MOTHER
14. Maiden Name Koon
15. Birthplace Howard County, Md

16 (a) Informant Mrs Gertrude Temmink
(b) Address 1108 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4411 Park Heights Ave.

19 (a) MAR 18 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 9:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandewright M.D. Medical Examiner.
Date signed 3/17/41

VS 6

F 78687

78687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. F 78687

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 501 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS MADISON OR RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/28/1927.

8. AGE: Years	Months	Days	If less than one day
14	1	17	hr. min.

9. Birthplace Prince Edward Co Va.
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Flourney Madison.
13. Birthplace Va.

MOTHER
14. Maiden Name Vennie Watkins
15. Birthplace Va.

16 (a) Informant Wm Richardson:
(b) Address 501 N. Carrollton Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/18/1941 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery
Location Kansdowne Md

18 (a) Funeral director McKatie P. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 18 1941 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941 at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Burns, 1st & 2nd degree, entire body — Duration
Due to Electrocution - high tension wire
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 15 1941
(c) Where did injury occur? Penna Lane Penna RR yard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury touched high tension wire

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-15-41.

VS 6

F 78688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D ✓

Registered No. F 78688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 560 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 560 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SIMMIE REEDER

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex ♂ | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1873

8. AGE: Years 67 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Leonardtown, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Washington Reeder
13. Birthplace Leonardtown, Md

MOTHER 14. Maiden Name Susan Ebb
15. Birthplace Leonardtown, Md.

16 (a) Informant Catherine R. Blair
(b) Address 755 Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Stafford
(b) Address 1631 Lafayette Hill Ave.

19 (a) MAR 18 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-16-41

VS 6

78689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 78689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert McConnell (15982)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1886

8. AGE: Years	Months	Days	If less than one day
55 54	1	13 12	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Duke
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 19 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director E. William Breitenbach
(b) Address 6237 W. 25th St. Balto.

19 (a) MAR 18 1941 (Date rec'd by registrar) (b) Huntington Mitchell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1941, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1941 to Mar. 15, 1941, and that I last saw him alive on Mar. 15, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 months?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 3-17-41

956992

78690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

E 78690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1637 N. Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Appleton St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver H. Disney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife Henrietta M. Disney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1867.

8. AGE: Years	Months	Days	If less than one day
83.	4 5.	20 16	hr. min.

9. Birthplace Owings Mills Balto Co Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired Dairyman

FATHER
12. Name Oliver H. Disney Sr.
13. Birthplace Owings Mills

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Howard Disney
(b) Address 1023 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore

18 (a) Funeral director Jamie Cook Lyser
(b) Address 1600 W. North Ave

19 (a) 1941 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1941, at 1:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 20, 1941, to March 17 1941, and that I last saw him alive on March 17 1941.

Immediate cause of death	Duration
Carcinoma of Stomach with metastasis to liver	7
Due to	
Due to	
Other Conditions Intercurrent (but not terminal) pleurisy & broncho-pneumonia (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice L. Shamer
Address 3300 W. North Ave Date signed 3/18/41 M.D.

VS 8

78691

HEALTH DEPARTMENT—CITY OF BALTIMORE

78691

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles L. Dyer

If U. S. Veteran specify WAR _____

(a) Residence: No. Maryland Penitentiary St., LA PLATTA-MD Ward. Charles Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Unknown 1920

7. AGE: Years 21 | Months ? | Days ? | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): La Platta Maryland

FATHER

13. NAME: Harrison Dyer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia Smith

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: New Town Md. Date: 3/20 1941

19. UNDERTAKER: Hunt & Ryan

(Address) Wheaton Md.

20. MAR 18 1941 Huntingtown Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1941, to March 17, 1941

I last saw him alive on March 17, 1941. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ ___

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

(Signed) D. F. Cartwright M. D.

(Address) 123 - St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

78692 OF 54370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 78692 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Highland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madeline Janowiak

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Henry (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1865

8. AGE: Years 75 | Months 10 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business unemployed

FATHER
12. Name Larry Avant (d)
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Webb
(b) Address 401 S. Chester Street

(Date received) MAR 19 1941 (Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1941, at 10:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1940, to 3-15 1941, and that I last saw h[illegible] alive on 3-14 1941.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Fracture neck Rt femur	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 15 1940 at M
(c) Where did injury occur? Balto City Hosp. Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down stairs from 4th floor

23. Signature Henry L. Kyler M. D.
Address Balto City Hosp Date signed 3-16-41

F 78693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓

Registered No. F 78693

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2036 Fountain Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2036 Fountain Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrzej J. Wlodarczyk

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-2189

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Wlodarczyk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1891

8. AGE: Years	Months	Days	If less than one day
49	6	1	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Stanislaus Wlodarczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mary Wlodarczyk, Wife
(b) Address 2036 Fountain Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 St. Dunstan Street Huntingdon Station, Md.

19 MAR 18 1941 (b) Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941 to March 16 1941 and that I last saw h alive on 19

Duration
Immediate cause of death: Acute Cardiac dilatation — 1 day
Due to: Chronic myocarditis — 3 yrs.
Due to:
Other Conditions: Chronic nephritis — 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Zeppbrichi M. D.
Address 1807 Eastern Date signed 3-17-41

78694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 78694 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Edgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Edgewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph J Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Widower

6 (b) Name of husband or wife Elizabeth Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1863

8. AGE: Years	Months	Days	If less than one day
78	1	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired boiler maker
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Mrs John moelter
(b) Address 608 Edgewood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof mar 19-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto md

18 (a) Funeral director Albert W. Berryman
(b) Address 440 E north Ave

19 (Filed by Registrar) MAR 18 1941 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions Hypertension Generally Arteriosclerosis
(Including pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vanderhoff M.D. (Medical Examiner)
Date signed 3/17/41

VS 6

F 78695 / 3948 47

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84-B

F 78695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Arlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Oak St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Cullinan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5. 1938

8. AGE: Years	Months	Days	If less than one day
2½	7	13	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Cullinan
13. Birthplace N.Y. (Middletown)

MOTHER
14. Maiden Name Mary Rankin
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Alexandria, Va.

18 (a) Funeral director W. W. Chambers
(b) Address Washington, D. C.

MAR 1 1941 (Date received by Registrar) Curtis V. Williams M.D. Registrar

VS 3

Par. w/s Book. - 258R

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1941 at 1:32 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1941 to Mar 18 1941 and that I last saw her alive on Mar 15 1941.

Immediate cause of death Mastoiditis
Lateral sinus thrombosis
Septicaemia
Due to Hemolytic streptococcus
Due to
Other Conditions Cerebral scar from birth injury (Include pregnancy within 3 months of death)

Duration: 2 wks

Date of operation
Major findings of operation
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Watkins M.D.
Address Baltimore Date signed 3/18/41

F 78696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 78696
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Paca st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Harris.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-1894

8. AGE: Years 47 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county and state)

10. Usual Occupation Cook

11. Industry or business Hotel

FATHER 12. Name Wm. Hamahan

13. Birthplace N. C.

MOTHER 14. Maiden Name Lizzie Powell

15. Birthplace N. C.

16 (a) Informant Lottie Smith

(b) Address 609 N. Paca st

17 (a) Removal (b) Date thereof 3 20 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenville Cem

Location Greenville N. Carolina

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) MAR 19 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1941, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1941 to Mar 17 1941. and that I last saw him alive on Mar 17 1941.

Immediate cause of death Pleurisy

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration About 5 days own

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Pettaway M. D.

Address 517 Hamilton Ave Date signed

F 78697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78697

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2819 Simpson alley

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2819 Simpson st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rufus Brewington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married-Separated

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) – 1881

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Johnson Brewington

13. Birthplace N. C.

MOTHER 14. Maiden Name Fannie Nickens

15. Birthplace N. C.

16 (a) Informant Preston Brewington

(b) Address 522 N. Calhoun st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 20 41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn cem

Location Baltimore Md

18 (a) Funeral director William A Cashman

(b) Address 916 Pennsylvania ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 19 1941 Thomas Victor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1941, at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1941 to Mar 17 1941 and that I last saw him alive on Mar 17 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	One day
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 47 Hamilton Ter Date signed

F 78698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

172 Registered No.

F 78698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon H. Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-4621

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Rosie —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1907

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace New York N. Y.
(Town, county, and state)
10. Usual Occupation Long Shoreman.
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Florence ?
15. Birthplace unknown

16 (a) Informant Rosie Hill.
(b) Address 701 W. Lanvale St

17 (a) Burial (b) Date thereof 3 19 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundell County

18 (a) Funeral director Williams & Jackson
(b) Address 916 Eastern Ave

19 (a) 3 18 1941 (b) [illegible]
(Date rec'd by registrar)

MAR 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1941, at 3½ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Decapitation — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-14-41
(c) Where did injury occur? Locust Point (City or town) Canton (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Caught in cable about winch

23. Signature W. O. Sandefur, M.D.
Medical Examiner.
Date signed 3-14-41

F 78699
394018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 117-B

F 78699 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 LAURENS (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN CAMPBELL S.S. 218-10-9708

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	MARRIED

6 (b) Name of husband or wife Ida
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 8-10-90

8. AGE: Years	Months	Days	If less than one day
50	7	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Robert Campbell
13. Birthplace VA

MOTHER 14. Maiden Name MARTHA TALES
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20th 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A.A.Co. Md

18 (a) Funeral director Belson Francis & Knight
(b) Address 1218 Orleans St

MAR 19 1941 (Date received by local registrar) (b) [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 16 1941, at 550 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 4 1941, to MAR 16 1941, and that I last saw HIM alive on MAR 16 1941.

Immediate cause of death	Duration
Perforation of duodenal ulcer with hemorrhage peritonitis	?
Due to exploratory laparotomy	
Due to	
Other Conditions Hypertension - Hyperplasia prostate - Prostatic calculi (Include pregnancy within 3 months of death)	?

Date of operation MAR. 5 1941
Major findings of operation: Perforated duodenal ulcer with peritonitis, Prostatic calculi - subtotal
of autopsy Large duodenal ulcer - Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E. Buckland M.D.
Address Johns Hopkins Hosp. Date signed 3/16/41

F 78700

39 4619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-D

Registered No. F 78700

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Portsmouth (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Allen Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Haley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 27

8. AGE: Years	Months	Days	If less than one day
14	1	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation School -

11. Industry or business

FATHER — 12. Name Robert Haley

13. Birthplace Virginia

MOTHER — 14. Maiden Name Edna Maurice -

15. Birthplace Virginia

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)

(c) Cemetery or crematory Olive Branch

Location Portsmouth Virginia

18 (a) Funeral director Olive C. Butler Funeral

(b) Address 2435 E. Olive St

MAR 19 1941 (Date rec'd by Registrar) (b) Hunter [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1941 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1941 to Mar 18 1941 and that I last saw her alive on Mar 18 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to ? anesthesia	one
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation 3/18/41

Major findings of operation: defects - left mandible

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams Gray Watson M. D.

Address Johns Hopkins Hosp. Date signed 3-18-41

F 78701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 333

Registered No. F 78701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 S. Ellwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 S. Ellwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. Schlegel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14-1900

8. AGE: Years 40 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Fireman - City
11. Industry or business Fire Dept

FATHER
12. Name Otto Schlegel
13. Birthplace Germany

MOTHER
14. Maiden Name Amenda
15. Birthplace Germany

16 (a) Informant Josephine Schlegel
(b) Address 718 S Ellwood ave

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 3-20-41 (month) (day) (year)
(c) Cemetery or crematory Oak lawn —
Location Eastern ave

18 (a) Funeral director John J. Kuda
(b) Address 2829 Hudson st

19 MAR 19 1941 (Date rec'd by registrar) (b) Thursday for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1941, at 3 42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1941, to June 17 1941, and that I last saw h~~im~~ alive on June 17 1941.

Immediate cause of death	Duration
La Grippe	3-15-41
Coronary Occlusion	3-17-41
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Schumacher M. D.
Address 842 S. Eastern Ave. Date signed 7-17-41

VS 3

F 78702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0

F 78702 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 W Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Y
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (Or outside city or town limits, write RURAL and give town)
(d) Street No. 2241 W. Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Martin McManus

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 705-05-2013

4. Sex MALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Lillian C. McManus

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) NOV 1899

8. AGE: Years 61 | Months 43 | Days | If less than one day hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation Pipe & Steam Fitter

11. Industry or business B & O. R. R

FATHER
12. Name Harry McManus
13. Birthplace IRELAND

MOTHER
14. Maiden Name Alice Monahan
15. Birthplace IRELAND

16 (a) Informant Lillian. C. McManus
(b) Address 2241 N. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 21-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto MD

18 (a) Funeral director Robt C & B M. Walters
(b) Address Pratt & Stricker Sts

19 (a) MAR 19 1941 (Date received by registrar) (b) Signature of Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 7 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelbach M.D. Medical Examiner.
Date signed 3/18/41

F78703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F78703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-1
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County Essex
(c) City or town Newark (Newark)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 860 S. 14th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FRANK BURKHARDT

3 (b) If veteran, name war —
3 (c) Social Security Account No. 137-09-1373

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hilda Burkhardt
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1872

8. AGE: Years 68 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Newark N J
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Aberdeen Proving Grounds

FATHER
12. Name ? Burkhardt
13. Birthplace Germany

MOTHER
14. Maiden Name ? Walberger - Miller
15. Birthplace Germany

16 (a) Informant Smith & Smith Co.
(b) Address 160 Clinton St., Newark, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Removal
Location Newark, New Jersey

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) 1941 (Date received by registrar) (Signature of Registrar) Hunterton Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to .....

Due to .....

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-18-41

F 78704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

F 78704
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Vincent St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace A. A. County, Mt Lion
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Brooks
13. Birthplace Mt Lion, A. A. County

MOTHER
14. Maiden Name Unknown
15. Birthplace A. A County

16 (a) Informant Mary Mullen
(b) Address 1008 N. Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director J. E. Brooks
(b) Address 4637 Carey St

19 (a) MAR 19 1941 (b) Registered

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death
Lobar pneumonia
Bronchopneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandenhuff M.D.
Medical Examiner.

Date signed 3/17/41

F 78705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 147-D

F 78705 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 SPRINGDALE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME ~~[illegible]~~ HARRIS CARDIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation RETIRED BOTTLING MFG.
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant HOSP. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-19-41 (month) (day) (year)
(c) Cemetery or crematory WINDSOR MILL RD
Location SAME

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) MAR 19 1941 (Date received by Registrar) (b) Hunting Ridge Mill (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1941, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1941, to 3/18 1941, and that I last saw h[illegible] alive on 3/18 1941.

Immediate cause of death: Heart Failure — Duration 48 hr.
Due to: ~~Bronchopneumonia~~ Carcinoma of Lung (Assisted) — 3 wk.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Schillen M. D.
Address Sinai Hospital Date signed 3-18-41

F 78706

F 78706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5607 Roland Ave St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Yetta Payne

If U. S. Veteran specify WAR

(a) Residence: No. 6221 Burgess Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Payne

6. DATE OF BIRTH (month, day, year) July 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	21/23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw, Poland

FATHER

13. NAME Benjamin Harzis

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Kate D

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dorothy Hossfeld

(Address) 6221 Burgess Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mowland Park Date 3-19 1941

19. UNDERTAKER Frederick A. Cole

(Address) 700 W Lombard St

MAR 19 1941

20. FILED ... Thomas J. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1939 to Mar. 16 1941

I last saw h.er alive on Mar 16 1941 Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY THROMBOSIS	1939
ARTERIOSCLEROSIS	1935

Other contributory causes of importance:

CHRONIC NEPHRITIS	1940.

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Hunsefarb M. D.

(Address) 5414 Belair Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78707

BALTIMORE CITY HEALTH DEPARTMENT 7 78707 Registered No.

CERTIFICATE OF DEATH 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 W Pratt St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ——
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 W Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Julia Medinger Birth Fr 4924

3 (b) If veteran, name war —— 3 (c) Social Security Account No. ——

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ~

6 (b) Name of husband or wife ~

6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) March 2, 1941

8. AGE: Years | Months | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation ——

11. Industry or business ——

FATHER 12. Name Wm Medinger
13. Birthplace Balto Md

MOTHER 14. Maiden Name Julia Lease
15. Birthplace Balto Md

16 (a) Informant Wm Medinger
(b) Address 1617 W Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Leo L Beyer Jr
(b) Address 157 Hoffman St

19 (a) MAR 19 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1941, to March 17 1941, and that I last saw h[illegible] alive on March 17 1941.

Immediate cause of death (Duration)
(a) Terminal Broncho-Pneumonia
Due to
Due to Premature Birth
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schenthal M.D.
Address Mercy Hospital Date signed 3/17/41

F 78708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-N

F 78708

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29-10-9

(e) Length of stay in Baltimore (yrs., mos., or days) 29-10-9

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. St Joseph's Convent (If rural give location)

(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Sister De Chantal Carty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1861

8. AGE: Years	Months	Days	If less than one day
79	8	18	hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER

12. Name Laurence Carty

13. Birthplace Philadelphia Pa

MOTHER

14. Maiden Name Ann Redmond

15. Birthplace Philadelphia Pa

16 (a) Informant Mount Hope Retreat Records

(b) Address Reisterstown Rd. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)

(c) Cemetery or crematory Mt St. Joseph Cemetery

Location Phila. Penna.

18 (a) Funeral director Stewart & Mooren Company

(b) 1600 W. North ave.

MAR 19 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to March 19 1941, and that I last saw her alive on March 19 1941.

	Duration
Immediate cause of death Uremia + Renal Calculi	2 Weeks
Due to Chronic Retropatitical Nephritis & Hydronephrosis	3 Years.
Due to	
Other Conditions General Arterio sclerosis & Senilis Emphysema	2 years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Damian Palagia M. D.

Address 336 Frederick Ave Date signed

F 78709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 78709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300-E-24 St -
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300-E-24 Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Addie Howard Dobson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jas. M. Dobson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec-8-1850

8. AGE: Years 90 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William Howard
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Simco
15. Birthplace Virginia

16 (a) Informant Mrs Anne B Wilson (daughter)
(b) Address 300-E-24-Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May-20-41 (month) (day) (year)
(c) Cemetery or crematory (Private)
Location Mathews Co. Va.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W Monument Ave.

19 (a) [illegible] (b) Hunting Town Williamsburg Va

MAR 19 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 1941, at 9:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1941, to 3/18 1941, and that I last saw h Er alive on 3/18 1941.

Immediate cause of death: Central Hemorrhage — Duration 24 hours

Due to: anterior abrasis — Duration ?

Due to: — — Duration —

Other Conditions: — — Duration —

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thomas J White M.D.
Address 532-E 22nd St.
Date signed 3/18/41

F 78710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 78710 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie Kremelberg Gill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
Female	White	Widow

6 (b) Name of ~~husband or wife~~

6 (c) ~~If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) Dec 1st 1868

8. AGE: Years	Months	Days	If less than one day
72	73	3	17 hr. min.

9. Birthplace Belgium (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name J. B. Kremelberg
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Jenkins
15. Birthplace Baltimore Md

16 (a) Informant Mary Gibson
(b) Address 1007 N Charles St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-20-1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry W Jenkins & Son Co
(b) Address Orchard & McCulloh Sts

19 (a) MAR 19 1941 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7, 1941 to March 18 1941, and that I last saw her alive on March 12 41.

Immediate cause of death	Duration
(a) Senile Myocardiopathy	1 mo
Due to (b) Arteriosclerosis	6 mos
Due to (c) Cancer of breast	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Kenny Jones
Address 1007 N Charles St Date signed 3/19/41

F 78711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78711 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 W. 40th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 W. 40th St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) **FULL NAME** Raymond Earl Bailey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Mabel C. Bailey
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1891

8. AGE: Years 49 48 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Penna R.R.

FATHER
12. Name Joshua T. Bailey.
13. Birthplace Md.

MOTHER
14. Maiden Name Gearldine Stiffler.
15. Birthplace Md.

16 (a) Informant Mabel C. Bailey.
(b) Address 1205 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20/41 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave) (Park)(

18 (a) Funeral director Thomas & Donovan
(b) Address 3405 Wheatsheaf Lane

19 MAR 19 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1941 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Mar 17 1941, and that I last saw him alive on Mar 17 1941.

Immediate cause of death	Duration
Acute Cardiac dilatation	1 day
Due to Arteriosclerosis (Hypertensive)	yrs known
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Rogerson M. D.
Address 525 N. 36th Date signed Mar 18 41.

VS 3

F 7871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 78712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Stockton St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel E. Duckett

If U.S. Veteran specify WAR .....

(a) Residence: No. 1319 Stockton St., U.S. Ward. 216-05-2794

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Duckett

6. DATE OF BIRTH (month, day, year) Mar 7, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Duckett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cockrum

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Duckett

(Address) 1319 Stockton St

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date 3/19/41

19. UNDERTAKER Geo. G. Kelson

(Address) 1310 Pressman St

MAR 19 1941

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1941 to May 17, 1941

I last saw him alive on May 16, 1941. Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/10/41
Other contributory causes of importance: Chronic Valvular Heart Disease	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Frey M. D.

(Address) 1928 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

Huntington Williamsport, Md.

F 78713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 78713

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Legbd St.
(c) Hospital or institution South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore ANNE SLIE
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 Dunkirk Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa (Lula) Elizabeth Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry C. Wells
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1879

8. AGE: Years	Months	Days	If less than one day
61	5	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business Own Home

FATHER
12. Name John Euler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Julia Bartels
15. Birthplace Baltimore, Md.

16 (a) Informant Harry C. Wells
(b) Address 224 Dunkirk Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, '41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Northern. Baltimore, Md.

18 (a) Funeral director A. Lee Eder
(b) Address 4644 York Road

19 (a) MAR 19 1941 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1941, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-25 1940, to 3-17- 1941, and that I last saw h[illegible] alive on 3/17- 1941 at 1:10 A M

Immediate cause of death Myocarditis

Due to Cardiovascular vascular hypertension

Due to Angina Pectoris

Other Conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Cockonds M. D.
Address 321 DUNKIRK Date signed 3/18/41

VS 2

F 78714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN FRANKLIN APPOLD

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-2605

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edna R. Appold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1882

8. AGE:

Years	Months	Days	If less than one day
58	5	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Sterotypist

11. Industry or business

FATHER
12. Name Adreon Appold
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Caldwell
(b) Address 1618 N Washington St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/21/41 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Hampstead, Maryland

18 (a) Funeral director Ed. C. Tipton
(b) Address Hampstead, Maryland

19 (a) MAR 19 1941 (Date rec'd by registrar) **(b)** Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 5:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — **Duration**
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Williams M.D.
Medical Examiner.
Date signed 3-18-41

VS 6

F 78715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 78715 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4115 Belvieu Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4115 Belvieu Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VIRGINIA LEE MURRAY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1865

8. AGE: Years	Months	Days	If less than one day
75	4	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name David G. Murray
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Joanna Whitley
15. Birthplace ?

16 (a) Informant Mr. D. Murray Franklin
(b) Address 4115 Belvieu Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAR 19 1941 (Date rec'd by Registrar) Thomas Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1941, at 2:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR. 1940. to MAR. 1941. and that I last saw HER alive on MAR 17 1941.

Immediate cause of death CEREBRAL HEMARRHAGE. PNEUMONIA MYOCARDIAL DEGENERATION — Duration over
Due to MYOCARDIAL FAILURE
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph G. Hills, M. D.
Address 1 E. Eager St. Date signed 3/18/41

F 78716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78716 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 Berwyn Ave - Govt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Berwyn Ave - n' allen
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Nicholas Keller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Near Emmitsburg, Md (Town, county, and state)

10. Usual Occupation Handyman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant A. Edwards
(b) Address 4041 Cold Spring Lane

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 3/19/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director Leonard Q. Covington
(b) Address 21 W. 23rd St.

19 (a) (Date received by local registrar) MAR 19 1941 (b) Hunting Park Avenue, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940 at 9 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
~~Coronary occlusion~~ Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D.
Medical Examiner.

Date signed

F 78717

F 78717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 W. Duncan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)
(d) Street No. 520 W. Duncan St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Widower.

6 (b) Name of ~~husband~~ or wife Harriett Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12. 1866

8. AGE: Years	Months	Days	If less than one day
74	6	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer (Theatre Usher)
11. Industry or business Packing House

FATHER	12. Name John Davis (Step Father)
	13. Birthplace Md
MOTHER	14. Maiden Name Jane Anne Dorsey
	15. Birthplace Md

16 (a) Informant James Davis (Son)
(b) Address 1401 W. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

19 (a) Filed 3/20/41 (b) Registrar for Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to March 16 1941, and that I last saw him alive on March 13 1941.

Immediate cause of death Coronary Thrombosis — Duration Mar. 16 Hr.

Due to Arteriosclerosis

Due to

Other Conditions Hypertension, Cardiac Hypertrophy, Chronic Nephritis (Include pregnancy within 3 months of death) — 1 Yr.

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M.D.
Address 1429 E. Monument St. Date signed 3/18/41

F 78718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 78718 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital,
(c) Hospital or institution: Wyman Park Drive and 31st St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-1

3 (a) FULL NAME Frank James BARKSDALE

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Pearl Evans
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1891

8. AGE: Years	Months	Days	If less than one day
49	5	1	hr. min.

9. Birthplace Cluster Springs, Virginia (Town, county, and state)
10. Usual Occupation Paper hanger
11. Industry or business

FATHER
12. Name Byrd Barksdale
13. Birthplace Cluster Springs, Va.

MOTHER
14. Maiden Name Fannie White
15. Birthplace Cluster Springs, Va.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 (month) (day) 1941 (year)
(c) Cemetery or crematory Abbottstown Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 2324 W Lanvale St

19 (a) MAR 13 1941 (Date rec'd by registrar) (b) Huntington D. Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1941 at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14, 1941 to Mar. 15, 1941, and that I last saw h... alive on March 15, 1941.

Immediate cause of death	Duration
Left ventricular failure	5 mo.
Due to Luetic aortitis with valvulitis and insufficiency	Unknown
Due to	
Other Conditions Chronic passive congestion of all organs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson
Address US Marine Hospital, Baltimore, Maryland
Date signed 3/17/41 M.D.

F 78719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9 ✓ F 78719 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 W. Lafayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 ✓ 52 ✓

3 (a) FULL NAME John Ruffin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1939

8. AGE: Years	Months	Days	If less than one day
1	9	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Alfred Ruffin
13. Birthplace N. C.

MOTHER
14. Maiden Name Laura Bullock
15. Birthplace N. C.

16 (a) Informant Mother & Father
(b) Address 1420 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 W Schroeder St

19 (a) MAR 19 1941 Registrar

MAR 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 19 41, at 6 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 19 41, to 3-17 19 41, and that I last saw him alive on 3-17 19 41.

Immediate cause of death	Duration
Broncho Pneumonia	
Due to ? Hemolytic Staph. aureus	11 days
Due to	
Other Conditions Pertussis	2 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin K. Reese M. D.

Address Sydenham Hosp. Date signed 3-19-41

3945 F 78720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 78720 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Carlton Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Dutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 2-9-86

8. AGE: Years	Months	Days	If less than one day
55	1	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Emory Coleman
13. Birthplace Md

MOTHER
14. Maiden Name Linda Jefferson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) MAR 272 E. Schroeder

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1941, at 10 - P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1941 to Mar 15 1941, and that I last saw her alive on Mar 15 1941

Immediate cause of death Malignancy of Tonsil — Duration 3 mo.
Due to and Carcinoma
Due to of Gall bladder & Extension to Stomach and spleen & liver
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Billings M. D.
Address J. H. Hosp. Date signed 3-[illegible]-41

62679- MD

F 78721 ✓ F 78721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. city hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 24das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 945 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Ellsworth Massey

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-6957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Eliz.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-27-1907

8. AGE: Years	Months	Days	If less than one day
33	8	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation presser
11. Industry or business

FATHER
12. Name William Massey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hattie Winn
15. Birthplace Warren Co. Va.

16 (a) Informant Bal. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 332 N Schroeder St

19 (a) MAR 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1941, at 11 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 3-17 1941. and that I last saw h[illegible] alive on 3-17 1941.

Immediate cause of death Reticulum cell sarcoma left femur & metastasis — Duration 4 yrs

Due to — 17 yrs. 4 mos

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations Same & mid thigh amputation

of autopsy Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard A. Fehsenfeld Jr. M. D.
Address Baltimore City Hosp. Date signed 3-19-41

F 78722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 78722

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St + Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 42

(e) Length of stay in Baltimore (~~yrs., mos.~~, or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Port Deposit

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1878

8. AGE: Years	Months	Days	If less than one day
62	11	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Construction Self

FATHER

12. Name William W. Moore

13. Birthplace Maryland

MOTHER

14. Maiden Name Rachel Thackery

15. Birthplace Maryland

16 (a) Informant Dr. H. Runde

(b) Address 33 + Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1941 (month) (day) (year)

(c) Cemetery or crematory Harts Chapel Cem. Location Worthy East md. Rural

18 (a) Funeral director Lewis Patterson

(b) Address Perryville, Md

19 (a) MAR 19 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1941, to March 19 1941, and that I last saw h in alive on March 19 1941.

Immediate cause of death

Metastatic Carcinoma of Liver

Due to Primary carcinoma of gastro-intestinal tract

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. F. Pearce M. D.

Address Union Memorial Hosp Date signed 3-19-41

F 78723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78723 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore
(c) City or town Upper Falls (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Buckingham

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Mary Buckingham
6 (c) If alive, give age 1 years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1871

8. AGE: Years	Months	Days	If less than one day
70	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name William Buckingham
13. Birthplace Maryland

MOTHER
14. Maiden Name Ernice Phillips
15. Birthplace Maryland

16 (a) Informant Arthur Buckingham
(b) Address Upper Falls Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 21 41 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Balto Co. Md

18 (a) Funeral director Tagsales Funeral Home
(b) Address 7401 Belair Rd

19 (a) 3-19-1941 (Date rec'd by Registrar) (b) Harris [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to March 18 1941, and that I last saw him alive on March 16 1941.

Immediate cause of death	Duration
Pulmonary Embolism.	
Due to Arteriosclerosis & D. Decompensatio.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Rammacher M. D.
Address Chanda A. Date signed 3/19/41

F 78724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3

Registered No. F 78724

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Broadway
(c) Hospital or institution: Church Home & Infirmary 35
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6309 Brook Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Richard H. Barnes

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-6692

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maria Brooks Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1886

8. AGE: Years 54 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Md. Biscuit Co.

FATHER
12. Name Jesse E. Barnes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sally Close
15. Birthplace Baltimore Md

16 (a) Informant Son-Charles Barnes
(b) Address 4308 Hamilton, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 12 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director Loyola Funeral Home
(b) Address 7401 Belair Rd

19 (a) 3 19 1941 (Date rec'd by Registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1941 to March 19 1941, and that I last saw h[illegible] alive on March 19 1941.

Immediate cause of death
Paralytic ileus — Duration: 4 Days
Due to Peritonitis, Chronic — 5 "
Due to Cancer of the stomach — 1 yr 1 M

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Exploration of stomach

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Ralph Agudera Jr. M. D.
Address Church Home & Infirmary Date signed 3/19/41

F 78725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 78725

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 570 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT REED

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-05-3099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	widowed

6 (b) Name of husband or wife Jeanette
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3. 1891

8. AGE: Years	Months	Days	If less than one day
49	0	13	hr. min.

9. Birthplace Baltimore, Md, Maryland (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Charles Reed
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hawkins
15. Birthplace Maryland

16 (a) Informant Mary M Reed
(b) Address 578 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Archibald A. Keddie
(b) Address 2101 Mc Culloh St

19 (Date received by Registrar) MAR 19 1941 Hunter for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage — Duration

Due to Bullet wounds of abdomen and chest

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 15, 1941
(c) Where did injury occur? 570 Baker St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury shot with revolver during argument

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-17-41

3947255 78726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. F 78726

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY HOPKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-71

8. AGE: Years	Months	Days	If less than one day
69	8	16/12	hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business Self

FATHER 12. Name WILLIAM HOPKINS
13. Birthplace Scotland

MOTHER 14. Maiden Name SARAH EWING
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 19th 1941 (month) (day) (year)
(c) Cemetery or crematory Edgehill
Location Charles Town W. Va

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St. Huntington West Virginia

19 MAR 19 1941 (b) Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 18 1941 at 118 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR-9 1941, to MAR-18 1941, and that I last saw him alive on MAR-18 1941.

Immediate cause of death	Duration
Shock, post-operative	
Coronary Thrombosis (2)	
Due to Coronary Occlusion	2 yrs.
Common Duct Stone	2 wks.
Due to Cirrhosis Liver	
Cholecystitis - Cholelithiasis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March 17, 1941
Major findings of operation: Cholecystitis, Cholelithiasis, Choledocholithiasis
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Gray Workman M. D.
Address Johns Hopkins Hospital Date signed 3-16-41

78727

ULBRICK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 78727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 479 N. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn L. Ulbrick

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-8347

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 - 1910

8. AGE: Years	Months	Days	If less than one day
30	7	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Umbrella Clipper

11. Industry or business Umbrella Factory

FATHER
12. Name William C. Ulbrich
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara V. Martin
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Gladys Mattes
(b) Address 27 S. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 20-41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director George Lee Sepwart
(b) Address 2101 Fredonia Ave.

19 (a) MAR 19 1941 (Death rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to March 17 1941 and that I last saw h.e alive on March 17 1941

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	5 mos.
Due to Rheumatic C.V.D.	
Due to	
Other Conditions Pregnancy term	1 week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Brill M. D.
Address University Hospt Date signed 3-17-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 28728 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORANDA FOR PHYSICIANS

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Washington (64049)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1925

8. AGE: Years	Months	Days	If less than one day
15	10	4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None School

11. Industry or business

FATHER
12. Name George
13. Birthplace

MOTHER
14. Maiden Name Mayme Mathews
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert Williams
(b) Address 15 15 McElderry St

19 MAR 19 1941 Registrar Huntington Nitchester, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1941, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1941, to Mar. 16, 1941, and that I last saw her alive on Mar. 16, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Calaster M. D.
Address Balto. City Hospitals Date signed 3-17-41

E 78729

393546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B E 78729 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 S Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward A. Chadwick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 707-07-8765

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma V. Chadwick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-91

8. AGE: Years 49 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation B&O

11. Industry or business Car Inspector

FATHER
12. Name James Chadwick
13. Birthplace N.C.

MOTHER
14. Maiden Name Rosa Stallings
15. Birthplace N.C.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Chadbourn
Location North Carolina

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 22 1941 (Date received by Registrar) (b) Hartig Bros. Williamsburg, Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1941 to 3-19 1941, and that I last saw him alive on 3-19 1941.

Immediate cause of death: Bronchial Pneumonia
Multiple pulmonary abscesses — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed 3-19-41

78730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 78730 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Stemmers Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Stemmers Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jena Depasquale

3 (b) If veteran, ~~name war~~ no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh	Widow

6 (b) Name of husband ~~or wife~~ Tony De Pasquale

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1883

8. AGE: Years	Months	Days	If less than one day
68	5	18	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Sey

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget O'Dougherty
15. Birthplace Ireland

16 (a) Informant Margaret Madoloski
(b) Address 130 S. Exeter St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Bolto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 20 1941 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 7.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Wendenhoff M.D. Medical Examiner.
Date signed 3/19/41

78731 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 78731

CERTIFICATE OF DEATH

92-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S Sharp St. 92-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Elizabeth McCoy.

(a) Residence: No. 809 S Sharp St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Benjamin McCoy

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Newberry S.C.

FATHER

13. NAME Moses Kelly

14. BIRTHPLACE (city or town) (State or country) S.C

MOTHER

15. MAIDEN NAME Ella Wilson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Benjamin McCoy
(Address) 809 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mch 22 1941

19. UNDERTAKER James A Stayes
(Address) 142 Watson St

20. FILED _____, 19____ _____ Registrar

MAR 20 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1941, to Mar 18, 1941

I last saw him alive on Mar 17, 1941. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	?
Other contributory causes of importance:	
Arteriosclerosis	4 yrs
Heart	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D. H. Kessell M. D.

(Address) 661 W. Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 78732
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days) √0 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1169 E. LOMBARD
(If rural give location)
(e) If foreign born, how long in U. S. A.? √0 years

3 (a) FULL NAME William Glazer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation DAIRY BUSINESS
11. Industry or business Self

FATHER
12. Name MOSES GLAZER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name CELIA
15. Birthplace RUSSIA

16 (a) Informant HOSPT. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-20-41 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location Phila Rd + Bowleys Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) MAR 20 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1941, at 11:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1941, to 3/19 1941, and that I last saw him alive on 3/19 1941.

Immediate cause of death	Duration
Sub-Arachnoid hemorrhage	- 3 d.
Due to Arteriosclerosis	?
Due to Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jonas H. Cohen
Address Sinai Hosp. Date signed 3/19/41

F 78733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-W

Registered No.

F 78733

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Beaumont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Beaumont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH LYDIA GIBSON

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James A. Gibson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 15, 1860

8. AGE: Years 81 | Months 2 | Days 3 | If less than one day: hr. min.

9. Birthplace: Stewartstown, Penna. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: William Hammond
13. Birthplace: Stewartstown, Pa.

MOTHER
14. Maiden Name: Eliza Glasgow
15. Birthplace: Delta, Pa.

16 (a) Informant: Miss Lelia Gibson
(b) Address: 503 Beaumont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)
(c) Cemetery or crematory: Stewartstown, Pa.
Location: Stewartstown, Pa.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

MAR 20 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 5.05 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-18-41

F 78734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-B

F 78734 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 240 N. Payson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 N. Payson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE C. KLANK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Geo. H. Klank
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Fahrenholtz
15. Birthplace Germany

16 (a) Informant Mrs. Charlotte V. Myerly
(b) Address 2911 Woodland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAR 20 1941 (Date rec'd by registrar) (Signature) for Williams Hall Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1941, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to March 18 1941, and that I last saw her alive on March 17 1941.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 month
Due to: Arteriosclerosis	8 mo.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cyberth H. Mortimer Jr.
Address 2708 St Paul St Date signed 3/20/41 M. D.

F 78735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78735
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Fernhill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Fernhill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-10

3 (a) FULL NAME CLARA MAY BOLDEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. O. Bolden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1858

8. AGE: Years	Months	Days	If less than one day
82	10	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John T. C. Stooksdale
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Eliza Cook
15. Birthplace Baltimore Co., Md.

16 (a) Informant Mrs. Charles R. Werking
(b) Address 3910 Fernhill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory Luthern Cemetery
Location Reisterstown, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues Phone Pat. Tom Williams, Md.

19 MAR 20 1941 (b) Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Mar 17 1941, and that I last saw her alive on Mar 17 1941.

Immediate cause of death	Duration
Coronary Thrombosis	5 minutes
Due to Hypertension	years
Arteriosclerosis	
Due to	
Other Conditions Myocarditis	
Chronic - decompensated	
(Include pregnancy within 3 months of death)	
Major findings: Hypertensive pneumonia	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Reisterstown Md. Date signed 3/19/41

F 78736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 78736 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mest Balto. General Hospital (attempted)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Mosher St (If rural give location) 16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabelle M. Romer

3 (b) If veteran, name war —

3 (c) Social Security Account No 214-14-1435

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/17/20

8. AGE: Years 20 | Months 3 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Tenater

11. Industry or business

FATHER
12. Name Herman Rolmer
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Eva Seek
15. Birthplace Silver Springs Md.

16 (a) Informant Eva Warfield
(b) Address 2729 mosher st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Md.

18 (a) Funeral director Ambrose Inc
(b) Address 419 N Fremont Baltimore Md.

19 (a) MAR 20 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1941, at 6.45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Mesenteric Artery Collapse
Due to Fibroma.

Due to

Other Conditions Non-Tuberculous

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident?
(b) Date of occurrence 2-2-1941
(c) Where did injury occur? Calvert & 33rd Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Automobile Collision

23. Signature Thomas J. Marden Medical Examiner. M.D.
Date signed 3-18-41

VS 6

78737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 78737 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 A
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 328 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas M. Evans

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-09-6738

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26-1892

8. AGE: Years	Months	Days	If less than one day
48	11	2?8	hr. min.

9. Birthplace Matthews Co. Va. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Robert Evans
13. Birthplace Matthews Co. Va.

MOTHER
14. Maiden Name Ella ?
15. Birthplace Matthews Co Va

16 (a) Informant Lottie Evans
(b) Address 428 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl Cemetery
Location Baltimore Md.
(a) Funeral director Charles S. Cosden
(b) Address 514 N. Calhoun St.

19 (a) [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 8:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Pulmonary Edema

Duration

Due to Hypertrophy of Left Ventricle

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Garlick Griffith M.D. Medical Examiner.
Date signed 3/17/41

F 78738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 77-7

F 78738 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home. Found in truck (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY BLACKBURN

3 (b) If veteran, name war: 10
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65 73			hr. min.

9. Birthplace (town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Lawrence Johnson
(b) Address 744 W Fayette St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore Md

18 (a) Funeral director Fulton Bros
(b) Address 1219 Huntington Ave

19 (a) MAR 20 1941 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed 3-18-41

F 78739 62596 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 78739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 324 N Hilton st. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar Banks

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7458

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lilly M. Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1859

8. AGE: Years 81 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace Md. (Harford Co.) (Town, county, and state)

10. Usual Occupation ? Machinist

11. Industry or business ? Mfg. Co.

FATHER 12. Name Abraham Banks

13. Birthplace ? Westminster Md.

MOTHER 14. Maiden Name Margaret Whitesides

15. Birthplace ? Wilmington Del

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) MAR 20 1941 Hunterstown Hilton, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19-1941, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10-1941, to 3-19-1941, and that I last saw him alive on 3-19-1941.

Immediate cause of death: Coronary Thr.

Duration: 7

Due to: Gen. A-S. Duration: over

Due to: Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Coronary Thr.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto Co. Hosp. Date signed 3-17-41

F 78740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 78740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505- N Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph S. Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Maggie E. Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15-1857

8. AGE: Years 53 | Months 3 | Days 3 | If less than one day hr. min. 87

9. Birthplace Kingston N. C (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Allen Edwards
13. Birthplace N. C

MOTHER
14. Maiden Name Delay
15. Birthplace N. C

16 (a) Informant Maggie E. Edwards
(b) Address 505 N. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 21-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. C. Co.

18 (a) Funeral director Daniel N. Chase Son
(b) Address 638 N. Eutaw St

19 (a) Date rec'd by registrar Mch 20 1941 (b) Registered by Arthur Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 18 1941, at 11.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 8 1941 to Mch 18 1941 and that I last saw h— alive on Mch 18 1941.

Immediate cause of death: Polar pneumonia — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature R. Garland Schmelz

Address 1534 Druid Hill Ave Date signed Mch 19

F 78741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 78741

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Ridgley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wayne Hardy

Birth F-10057 ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 - 1940

8. AGE: Years | Months: 10 | Days: 28 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James Hardy
13. Birthplace Md.

MOTHER
14. Maiden Name Mildred Seymour
15. Birthplace Md.

16 (a) Informant James Hardy
(b) Address 810 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Bernard C. Harle
(b) Address 424 E. Fayette St

19 (a) MAR 20 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19, 1941 to Mar. 19, 1941, and that I last saw him alive on Mar. 19, 1941.

Immediate cause of death: Bilateral Broncho-pneumonia. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J. Hope Jr. M.D.
Address St. Agnes' Hospital Date signed 3/19/41

78742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-19-41 F 78742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 E Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathleen Dungan DUNGAN Birth F 24101

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 18-1941
8. AGE: Years | Months: 1 | Days: 1 | If less than one day: hr. min.
9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name: Jessie M. Dungan
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Elena. Gurry.
15. Birthplace: Balto Md

16 (a) Informant: Elena. Dungan
(b) Address: 1142 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)
(c) Cemetery or crematory: Western Cem
Location: Balto Md.

18 (a) Funeral director: Bernard E Hahn
(b) Address: 121 E West St

19 (a) Date received by registrar: MAR 20 1941 Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1941, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16, 1941, to March 19, 1941, and that I last saw her alive on March 19, 1941.

Immediate cause of death: Marasmus — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Baron Hartman, M. D.
Address: Franklin Square Hosp. Date signed: 3/19/41

F 78743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78743
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Boyle
Birth F 09775 X

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 5, 1940
8. AGE: Years | Months: 10 | Days: 14 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name James Boyle
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Wasch
15. Birthplace Baltimore

16 (a) Informant Mother + Father
(b) Address 1303 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director John J. Leonard & Son
(b) Address 20 Collins Ave. Pimlico for Williams, Inc.

19 (a) MAR 20 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1941, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1941, to 3-19 1941, and that I last saw her alive on 3-19 1941.

Immediate cause of death: Meningitis — Duration: 4 hrs.
Due to: Meningococcus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp. Date signed 3/19/41

78741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Appleton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REZIN GUY HOBBS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mignonette K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1877

8. AGE: Years 63 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Sykesville, Maryland (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Highway Dept. - City

FATHER
12. Name Rezin G. Hobbs
13. Birthplace Sykesville Md.

MOTHER
14. Maiden Name Elizabeth Demar
15. Birthplace Unknown

16 (a) Informant Mrs. Mignonette K.
(b) Address 1016 N. Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Springfield Cem.
Location Sykesville, Md.

18 (a) Funeral director Vernon Keefer
(b) Address 2301 Edmondson Ave

MAR 20 1941 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 7 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Hrs. sudden

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wollenweber and Medical Examiner M.D.

Date signed 3-19-41

VS 6

394296
78745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 109

F 78745
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1461 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

151

3 (a) FULL NAME Juanita Jenkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-09

8. AGE: Years 32 | Months - | Days 2 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Paul Buffaloe
13. Birthplace N.C.

MOTHER 14. Maiden Name Lela Waldon
15. Birthplace N.C.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1941 (month) (day) (year)
(c) Cemetery or crematory Weldon
Location North Carolina

18 (a) Funeral director Va Brooks
(b) Address 1463 N. Carey St
(Date rec'd by registrar) 1941 (b) Signature Lon Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1941, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1941, to 3-19 1941, and that I last saw her alive on 3-19- 1941.

Immediate cause of death Pneumonia — Duration 2 wks
Due to unknown organism
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Trautwein, M.D.
Address Johns Hopkins Hosp. Date signed 3/19/41 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8746 78746

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1548 N Carey St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 14 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lewis Snead

If U. S. Veteran specify WAR .....

(a) Residence: No. 1548 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 27-1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	14	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bush

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Stella Snead

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Stella Snead (mother)
(Address) 1548 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 22 1941

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St.

20. FILED ... 19... Thomas Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1941, to 3/19, 1941

I last saw him alive on 3/19, 1941. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Burkett M. D.

(Address) 2134 Druid Hill Ave

USE B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1941

V8 8

8 DHC

F 78747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

Registered No. F 78747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5205 Clemmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 Clemmore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Blair

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1874

8. AGE: Years	Months	Days	If less than one day
67	1	24	hr. min

9. Birthplace Culpepper Va.
(Town, county and state)

10. Usual Occupation Cook - retired

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mary E. Johns
(b) Address 3121 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-71 (month) (day) (year)
(c) Cemetery or crematory Carlton Mem. Park
Location Baltimore Co. Md

18 (a) Funeral director Myers Funeral Home
(b) Address 526 St. Paul St.

19 (a) MAR 20 1971 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1971, at 4:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry), find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nyle Landis Jr. M.D.
Medical Examiner
Date signed 3/19/71

VS 6

F 78748

F 78748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-W

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1708 Eutaw Place.

(c) Hospital or institution: Jenkins Nursing Home.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ✓

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2002 McKean Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Catherine Saunders.

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Wm. F. Saunders.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 25-1867

8. AGE: Years 73 | Months 8 | Days 22 | If less than one day ..... hr. ✓ min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - At Home

FATHER 12. Name John Long.

13. Birthplace Germany.

MOTHER 14. Maiden Name Mary Michael.

15. Birthplace Germany.

16 (a) Informant Mrs. Mary [illegible] Ziegler.

(b) Address 3003 Presbury St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof March 21-41. (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab.

(b) Address 505 N. Monroe St.

19 (a) MAR 20 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 10.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941 to March 19 1941, and that I last saw her alive on March 19 1941.

Immediate cause of death

Cerebral Hemorrhage

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature W. S. Patterman M. D.

Address 2324 Pentenstown Rd Date signed 3/20/41

VS 3

F 78749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78749 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4116 Park Heights Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4116 Park Heights (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Koenigsberg

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Isaac Koenigsberg
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Hungary

16 (a) Informant Robert Koenigsberg
(b) Address 4116 Park Heights Ave

17 (a) Burial (b) Date thereof (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory
Location E. Baltimore St.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 - 1126 W. North Ave

19 (a) MAR 20 1941 (b) Hunter for Williams, Mayor
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

10.50

20. DATE OF DEATH March 18, 1941, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12 1937, to 3/19 1941, and that I last saw him alive on 3/19 1941.

Immediate cause of death	Duration
Bronchopneumonia	3/19/41
Due to Pyelonephritis	1939
Due to Benign Prostatic Hypertrophy	1937
Other Conditions Diabetes mellitus	1932

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2020 Eutaw Pl M. D.
Date signed 3/20/41

F 78750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 112

F 78750 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 . Calhoun st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 . Calhoun st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry P. Darr

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Kate Darr (nee Miller) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1876.

8. AGE: Years	Months	Days	If less than one day
65	1	22	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Bruce Painter
11. Industry or business

FATHER
12. Name Richard Darr
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Blanche Parke
15. Birthplace Harford Co., Md.

16 (a) Informant Arthur H. Darr
(b) Address 407 . Calhoun st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/41. (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5501 Frederick Road

18 (a) Funeral director Harry A Dunkle
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) MAR 20 1941 (b) Harry A. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 41, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 19 41, to 3/18 19 41, and that I last saw him alive on 3/18 19 41.

Immediate cause of death Cardiac Failure — Duration 1 day
Due to Bronchial Pneumonia — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel E. Bogorad M.D.
Address 1905 W. Balto St. Date signed 3/19/41

F 78751

78751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 440 E. Fillmore St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ... yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State ... (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 440 E. Fillmore St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME John [illegible] LeClaire

3 (b) If veteran, name war	3 (c) Social Security Account No. 205-09-[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife [illegible]
(nee Jahelka) 6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1[illegible]

8. AGE: Years	Months	Days	If less than one day
69	1	2	hr. ... min.

9. Birthplace [illegible]
(Town, county, and state)

10. Usual Occupation Helper on truck

11. Industry or business Blue Line Transfer Co.

FATHER
12. Name John LeClaire
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible] Pearce
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address 440 E. Fillmore St.

17 (a) Burial (b) Date thereof 3/[illegible]/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park
Location [illegible] Frederick Rd.

18 (a) Funeral director Harry A Lutfle

(b) Address 4101 Edmondson Ave.

19 (a) ... (b) ... Registrar

MAR 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 19[illegible] at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 19 41, to Mar. 26 19 41, and that I last saw him alive on Mar. 26 19 41.

Immediate cause of death Cerebral hemorrhage

Due to ...

Due to ...

Other Conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

Duration
... hours
... days
... years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 3/[illegible]/41

78752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 78752

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS GRETKA OR GIETKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-2572

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Elizabeth Gretka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18[illegible]

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer -

11. Industry or business City Employ

FATHER
12. Name Michall Gretka
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Poland

16 (a) Informant Elizabeth Gretka Wife
(b) Address 123 So. Chapel st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S. Ann St

19 (a) Huntington Williams, M.D. (Date received by registrar) Registrar

MAR 20 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 11 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions 2nd

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D. (Medical Examiner)

Date signed

F 78753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78753 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mont Balt Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Wayne Ave (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul V. Eberman

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-2736

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Nan Scallen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1883

8. AGE: Years	Months	Days	If less than one day
57	10	21	hr. min

9. Birthplace Lancaster, Penna (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name George Eberman
13. Birthplace Penna

MOTHER
14. Maiden Name Frances Bromley
15. Birthplace Penna

16 (a) Informant Nan S. Eberman
(b) Address 2301 Wayne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23, 1971 (month) (day) (year)
(c) Cemetery or crematory Sandy Vale
Location Sandy Spring, Md.

18 (a) Funeral director C. C. Mitchell Sons
(b) Address 4700 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 20 1971

Hunter to Williams, JR

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1971, at 8:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 3/20/71

78754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 78754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1923 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: William Kratz

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 213 03 5903

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): Jan. 9, 1890

8. AGE: Years: 51 | Months: 2 | Days: 9 | If less than one day: ... hr. ... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Upholstery Work

11. Industry or business:

FATHER
12. Name: George Kratz
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Beck
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** Mar 21 41 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Frederick Road

18 (a) Funeral director: S. Walter May
(b) Address: 619 N. Bouldin St.

MAR 20 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 18, 1941, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17, 1941, to Mar. 18, 1941, and that I last saw him alive on Mar. 18, 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	48 hr.
Due to: Hypertension	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature]
Address: US Marine Hospital, Baltimore, Md. Date signed: 3/19/41 M. D.

F 78755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 78755

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Moore 63998)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Alliene ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1899

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert
13. Birthplace Va.

MOTHER
14. Maiden Name Emma ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 20 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 20 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1941, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1941, to March 6, 1941, and that I last saw him alive on March 6, 1941

Immediate cause of death Pulmonary Tuberculosis — Duration Dec. 1936

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Not Done

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Vernon Langelutig M. D.
Address Balto. City Hospitals Date signed 3-6-41

(1545)

VS 8

78756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

E 78756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern ave
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Paul Parrish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 20 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) MAR 20 1941 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1941, at 3:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.

Date signed 3-9-41

E 344

78757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

Registered No. F 78757

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE SINGER.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 69 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 20 1941
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 MAR 20 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1941, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Dr. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ulceration decubitus — Duration
Due to Burns, 2nd & 3rd degrees left ankle and foot
Due to
Other Conditions Arteriosclerosis general.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy adenoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 17, 1941 2212
(c) Where did injury occur? 518 S. Paca St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fire in kitchen from stove

23. Signature W. L. Wollenweber M.D.
Dr. Howard J. Moller Medical Examiner
Date signed overheated stove

F 78758 — BALTIMORE CITY HEALTH DEPARTMENT — 48-3 — F 78758

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** "Wilhelmina (Minnie) Knoche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Charles Knoche (Dead) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1883

8. AGE: Years 57 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, or state)

10. Usual Occupation Beauty Shoppe
11. Industry or business Parlor

FATHER
12. Name William Myers
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mollie Martin
15. Birthplace Baltimore

16 (a) Informant Geo Edward Klein
(b) Address 1574 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Loraine Park Cem
Location Woodlawn, Liberty Road

18 (a) Funeral director C. F. Blackert & Son
(b) Address 1100 Eastern Ave

19 MAR 20 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1941, to 3/18 1941, and that I last saw her alive on 3/18 1941.

Immediate cause of death: Toxemia — Duration: 1 day

Due to: Peritonitis — Duration: 4 days

Due to: Metastatic pelvic Carcinoma — Duration: 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Carcinoma of Sigmoid & metastasis Ovary
Of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. McClung M. D.
Address Mercy Hospital Baltimore Md
Date signed 3/18/41

F 78759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

F 78759 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos. 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Virginia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Harmon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Helen Harmon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1900

8. AGE: Years	Months	Days	If less than one day
40	11	23	hr. min.

9. Birthplace Maryland (City or county, and state)
10. Usual Occupation Laborer (Mechanic)
11. Industry or business H. T. Campbell Co.

FATHER
12. Name George Harmon
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Burton
15. Birthplace Md.

16 (a) Informant Mrs. Louis Bell
(b) Address Sutherland, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden, Balto.

18 (a) Funeral director John Burns' Sons
(b) Address Towson Md.

19 MAR 20 1941 (Date rec'd by registrar) (b) Huntington Station, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3-1941, to 3-18-1941, and that I last saw h/ alive on 3-18-1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 mo
Due to Coronary arteriosclerosis (marked)	
Due to	
Other Conditions Pulmonary Infarction	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S W Parks M. D.
Address St Agnes Date signed 3/18

78760

HEALTH DEPARTMENT—CITY OF BALTIMORE

78760

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 N. Howard St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bettie Shamburger Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 2216 N. Howard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Littleton Lee

6. DATE OF BIRTH (month, day, year): 4-12-1881

7. AGE: Years: 60 | Months: 11 | Days: 29 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: - - -

10. Date deceased last worked at this occupation (month and year): -

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Accomac Co, Virginia

FATHER

13. NAME: Henry Riley

14. BIRTHPLACE (city or town) (State or country): Accomac Co Virginia

MOTHER

15. MAIDEN NAME: Emily Bentley

16. BIRTHPLACE (city or town) (State or country): Accomac Co Virginia

17. INFORMANT: Sarah Brower

(Address) 2227 N. Howard

18. BURIAL, CREMATION OR REMOVAL

Place: Tasley Virginia Date: March 24, 1941

19. UNDERTAKER: Mrs R. A. Elbert's Daughter

(Address) 1129 N. Caroline St.

20. FILED MAR 20 1941 19. Thurlston Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1941, to March 19, 1941

I last saw her alive on March 19, 1941. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic interstitial nephritis	7 yrs
Pericarditis	1941

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ..... 19..

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Garland Abbitt M. D.

(Address) 1384 Druid Hill Ave

VS 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 78761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. E 78761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3a
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 S Conkling (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M Mojsha Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Leslie W Meyer

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 24 1883

8. AGE: Years 57 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John J Miller
13. Birthplace Ger

MOTHER
14. Maiden Name Barbara Schmidt
15. Birthplace Ger

16 (a) Informant Mrs Alma Lockard
(b) Address 2543 W Lafayette Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 22 41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director John Uelzel
(b) Address 208 Orleans St

19 (a) MAR 20 1941 (b) Signature of Registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1941, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1941, to 3/20 1941, and that I last saw h er alive on 3/20 1941.

	Duration
Immediate cause of death Myocardial Insufficiency	12 hrs
Due to Arteriosclerotic C. V. Dis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Diaphragmatic Hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Kaufman M. D.
Address Bon Secours Hosp Date signed 3/20/41

VS 3

78762 cc 28291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 78762

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4419 Hurley St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1864

8. AGE: Years	Months	Days	If less than one day
77	2	2	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Beggley
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Rudisill
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24/41 (month) (day) (year)
(c) Cemetery or crematory Balto Am
Location Balto Md

18 (a) Funeral director John Ullmer
(b) Address 1902 Orleans St

19 (a) MAR 20 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1941, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15- 1937 to 3-19- 1941, and that I last saw h[illegible] alive on 3-19- 1941.

Immediate cause of death: Bronchopneumonia
Thrombosis of aorta
Due to: Gen. A-S.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
2 days
2 "
P. "

Date of operation:
Major findings of operations:
of autopsy: Thrombosis of aorta Presumptive

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mellon Gelston, M. D.
Address Balto City Hosp. Date signed 3-21-41

M. D. B. 1208-0

Cordes ✓ F 78763

HEALTH DEPARTMENT—CITY OF BALTIMORE

78763

CERTIFICATE OF DEATH

83-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E. 28th St. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Cordes

(a) Residence: No. 1726 E. 28th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Cordes

6. DATE OF BIRTH (month, day, year) December 28-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charleston S.C.
(State or country)

FATHER

13. NAME Martin Heisenbuttel

14. BIRTHPLACE (city or town) Charleston S.C.
(State or country)

MOTHER

15. MAIDEN NAME Rebecca N. Hartman

16. BIRTHPLACE (city or town) Charleston S.C.
(State or country)

17. INFORMANT Mrs. Marie Schaefer
(Address) 1728 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date March 22 1941

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED MAR 20 1941 Huntington Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1941

22. I HEREBY CERTIFY, That I attended deceased from October 10 1940 to March 19 1941

I last saw h[illegible] alive on [illegible] March 18 1941. Death is said to have occurred on the date stated above, at 1.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Cerebral Thrombosis	Oct 10 1940
Other contributory causes of importance:	
Hypostatic Pneumonia	March 17

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Carolyn Stewart M. D.

(Address) 1738 E. 28th St

8764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. E 28764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Kolb Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Kolb Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 Years years

3 (a) FULL NAME THEODORE THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Marries

6 (b) Name of husband or wife Mary L. Thomas
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 1, 1867

8. AGE: Years	Months	Days	If less than one day
73	8	16 17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Mary L. Thomas
(b) Address 4204 Kolb Ave.,

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 21/41 (month) (day) (year)
(c) Cemetery or crematory Pachwood Cem
Location Taylor Ave

18 (a) Funeral director John Welsh
(b) Address 2008 Orleans St

19 (a) MAR 20 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941. to Mar 17 1941.
and that I last saw him alive on Mar 17 1941.

Immediate cause of death: Myocardial Insufficiency — Duration 3 days
Due to: Cerebral Embolism — Duration 1 week
Due to: Coronary Thrombosis — Duration 6 weeks
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward H. Benson M.D.
Address 1 W. Oreland Ave Date signed 3/19/41

F 78765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78765 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 Casadel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Casadel Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur F. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5367

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Margaret Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	17	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation worked in Bakery Shop
11. Industry or business

FATHER
12. Name James Miller
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Margaret Miller
(b) Address 1927 Casadel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Gwynn Oak Ave.

18 (a) Funeral director Joseph Kaufmann Inc.
(b) Address 642 Washington Blvd.

MAR 21 1941 (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941 at 9:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1937 to Mar 20 1941. and that I last saw h[illegible] alive on Mar 20 1941.

Immediate cause of death Coronary Occlusion — Duration 4-20-41
Due to Arteriosclerosis — 1937
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Mican M. D.
Address 642 Washington Blvd Date signed 3-24-41

F 78766

F 78766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 E. Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E. Hamburg street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Joseph Sciacca

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Sciacca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1868

8. AGE: Years	Months	Days	If less than one day
72 78	3	5	hr. min.

9. Birthplace Marsala Italy (Town, county, and state)
10. Usual Occupation Retired Baker
11. Industry or business

FATHER
12. Name Anthony Sciacca
13. Birthplace Marsala Italy

MOTHER
14. Maiden Name Sabastina Mariana
15. Birthplace Marsala Italy

16 (a) Informant Son, Anthony Sciacca
(b) Address 1613 Light Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22-1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore Street

19 (a) MAR 21 1941 (Date received by local registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/ 1941, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941 to March 19 1941, and that I last saw him alive on March 18 1941.

Immediate cause of death Cardio-Vascular Disease — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1729 W Lombard St Date signed 3/20/41

78767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78767 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 North Bend Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 North Bend Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin R. Grymes Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary O. Grymes (nee Johnson)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1868.

8. AGE: Years	Months	Days	If less than one day
72	9	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Benjamin R. Grymes, Sr.
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Johnson
15. Birthplace Va.

16 (a) Informant Mr. Herbert L. Grymes
(b) Address 413 North Bend Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Harry H. Mitzfeld
(b) Address 4101 Edmondson Ave.

19 (d) MAR 21 1941 (Registered by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 7 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to March 19 1941, and that I last saw h alive on March 18 1941.

Immediate cause of death	Duration
Myocarditis	about 3 mo.
Hypo-static pneumonia	2 days
Due to Advanced Arterio —	
Due to Sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter L. Wright M. D.
Address 220 Garrison Blvd Date signed March 20/41

F 78768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 78768

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 5das.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3414 W. Franklin St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME: Grace Small

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-1878

8. AGE: Years	Months	Days	If less than one day
62	4	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Peter Small

13. Birthplace Md.

MOTHER

14. Maiden Name Emma Herbert

15. Birthplace Md.

16 (a) Informant B.C.H. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar. 22-41 (month) (day) (year)

(c) Cemetery or crematory Druid Park

Location

18 (a) Funeral director Henry H. Wastler

(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1941, at 6.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941, to 3-19 1941, and that I last saw her alive on 3-19 1941.

Immediate cause of death: Colloid carcinoma of gall bladder

Due to: Liver abscess

Due to: Pyelonephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-22-41

Major findings of operation: As above

of autopsy: As above

Duration
6 mo.?
3 ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney C. Dodd M.D.

Address Baltimore City Hosp. Date signed 3-19-41

VS 3

78769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 78769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306N. Charles ST. Morris Bldg.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Echodale Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Francis (Frank) Neal

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-1032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13th. 1876

8. AGE: Years	Months	Days	If less than one day
65	1	7	hr. min.

9. Birthplace Hancock, Maryland
(Town, county, and state)

10. Usual Occupation Instructor

11. Industry or business Business College

FATHER
12. Name Rev. St. Clair Neal
13. Birthplace Winchester, Virginia

MOTHER
14. Maiden Name Elizabeth Brosius
15. Birthplace Hancock, Maryland

16 (a) Informant Mrs. Grace Neal Orem
(b) Address 3903 Echodale Ave.

17 (a) Burial (b) Date thereof 3/22/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 Date rec'd by registrar [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th. 1941 at 11A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to March 20 1941, and that I last saw him alive on March 20 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day.
Due to General arteriosclerosis	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen F. Steelman

Address 6 East Biddle St. Date signed 3/24/41 M. D.

(new)

F 78770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D ✓ Registered No. F 78770

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 N. BENTALOU ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 N. BENTALOU ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT GOLDBERG

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-1148

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife BESS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 5 1882

8. AGE: Years	Months	Days	If less than one day
58	10	4	hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation MASTER MECHANIC

11. Industry or business THEATRICAL BUSINESS

FATHER
12. Name MOSES GOLDBERG
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH LICHENSTEIN
15. Birthplace RUSSIA

16 (a) Informant BESS GOLDBERG
(b) Address 2006 N. BENTALOU ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)

(c) Cemetery or crematory HEBREW FRIENDSHIP
Location BALTO. T CONKLIN & ST.

18 (a) Funeral director Jack Louis Inc
Address 1439 E. Balto ST

19 (a) (Date) (b) Hunting Ton Williamsport Pa

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19-44 19 , at ✓P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1941 to March 19th 1941, and that I last saw h[illegible] alive on 3/19 at 1941

Immediate cause of death	Duration
Cardiac Failure	
Due to Carcinoma of Rectum (Metastasis to Brain)	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Tankin M. D.
Address 1194 Mulberry Date signed

1394297
78771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 78771
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Cambridge St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Albertina Rehbein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Herman J. Rehbein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-8-69

8. AGE: Years	Months	Days	If less than one day
71	4	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown - Hardtke
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location Baltimore

18 (a) Funeral director Philip Keurig Sons
(b) Address 2024 Eutaw St

19 (a) (Date rec'd by registrar) (b) Interment or Removal

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1941 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1941 to Mar 19 1941 and that I last saw her alive on Mar 19 1941.

Immediate cause of death: Cardiac infarction due to coronary occlusion. — Duration 9 days
Due to
Due to
Other Conditions: Arteriosclerosis and hypertension C.V. disease.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Luetscher, Jr.
Address Johns Hopkins Hosp. Date signed 3/19/41 M. D.

F 78772 62803 --MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 301

F 78772 Registered No. 62803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-7-4 27
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 Warrenton rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lindsay Caleb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1871

8. AGE: Years	Months	Days	If less than one day
70?			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Caleb
13. Birthplace Va.

MOTHER
14. Maiden Name Alice
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21 '44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elmer O Wilson
(b) Address 1000 Brantley

19 Filed rec'd by registrar Huntington Willis Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17/1944, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1941 to 3/17 1944, and that I last saw h[illegible] alive on 3/17 1941.

Immediate cause of death	Duration
Ruptured Aortic Aneurysm	
Due to Syphilis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Henry F. Ryder M.D.
Address Balto. City Hosp. Date signed 3/20/44

F 78773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

Registered No. F 78773

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found floating in the harbor near 1500 block, South Clinton St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Wolfe St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSIAH WILDS JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Wilds, Sr.
13. Birthplace South Carolina

MOTHER
14. Maiden Name Alice Campbell
15. Birthplace South Carolina

16 (a) Informant John Wilds
(b) Address 803 N. Wolfe St.

17 (a) Burial (b) Date thereof 3/20/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Floyd Wilson
(b) Address 1001 Brantley Ave

19 (a) (b) Huntington Nolly Registrar
(Date rec'd by registrar)

3-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1941, at 10:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to accidental	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March, 1941
(c) Where did injury occur? harbor Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury drowning

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 3-16-41

3-19-41

F 78774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

Registered No. F 78774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Park Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Dickerson

3 (b) If veteran, name war
3 (c) Social Security Account No. Widown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widowe

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65		7d	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Not None
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Elmer Johnson Friend
(b) Address 406 Park St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elmer J Wilson
(b) Address 1000 Brantley Ln

(a) (Date rec'd by registrar) (b) Huntington Woods, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 7:10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Gangrene of feet	
Due to	
Due to	
Other Conditions Hemorrhoids Uterus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Randolph (Medical Examiner) M.D.

Date signed 3/20/41

F 78775

cc 62910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78775 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 410 N. Caroline St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7647

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Divorced

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1911

8. AGE: Years	Months	Days	If less than one day
29	7	9	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Pearson Pt Md

FATHER

12. Name William Brown (d)

13. Birthplace N. C.

MOTHER

14. Maiden Name Lizzie Ray

15. Birthplace N. C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) [illegible] (b) Date thereof Mar 24 (month) (day) (year)

(c) Cemetery or crematory [illegible]

Location

18 (a) Funeral director E O Wilson

(b) Address 1000 Broadway

(Date rec'd by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1941, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/41 1941 to 3/20 1941, and that I last saw him alive on 3/20 1941.

Immediate cause of death Cardio-vascular disease

Due to Obesity

Due to

Other Conditions Possible coronary thrombosis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Peyton M. D.

Address [illegible] Date signed 3-[illegible]-41

F 78776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 78776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 Plum Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Plum Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-17-1891

8. AGE: Years 50 | Months 01. | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Ida Stewart
(b) Address 1023 Plum alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location Balto Co Md

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 108 N. Monroe St

Filed MAR 21 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6/41 19 41, to 3/16/41 19 41, and that I last saw h[illegible] alive on 3/16/41.

Immediate cause of death
Cerebral Hemorrhage
Due to Cholera
Due to Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 days
2 months
8 months

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Whitehead Dohme M. D.
Address 1027 Linwood Ave
Date signed 3/19/41

VS 2

F 78777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-c

F 78777 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo16ds
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Myrtle Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Patrick

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Eva Hicks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1898

8. AGE: Years	Months	Days	If less than one day
42	10	3	hr. min.

9. Birthplace Florence, South Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Preston Patrick
13. Birthplace Florence, S. C.

MOTHER
14. Maiden Name Lillie Shields
15. Birthplace Florence, S. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-21-41 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Va

18 (a) Funeral director Isaiah L Brown
(b) Address 108 W Montgomery St

MAR 21 1941 (Date received by Registrar) (b) Clinton Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31, 1941 to Mar. 19, 1941, and that I last saw him alive on March 19, 1941.

Immediate cause of death: Generalized arteriosclerosis with old areas of encephalomalacia — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N Anderson, M. D.
Address Wyman Park Drive Baltimore, Md. Date signed 3/18/41

F 78778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78778

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1747 Ashland Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1747 Ashland Av (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-39

8. AGE: Years 1 | Months 7 | Days 17 20 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Brown

13. Birthplace Virg.

MOTHER 14. Maiden Name Jessica Evans

15. Birthplace Virg.

16 (a) Informant Jessica Brown

(b) Address 1747 Ashland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Chas A Wilson for Blanchard-Leyland

(b) Address

19 MAR 23 1941 (Date received by Registrar) (b) Huntington Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1941, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1941, to 3/19 1941, and that I last saw h[illegible] alive on 3/18 1941.

Immediate cause of death — Duration

Miliary Tuberculosis — 4 mos

Due to — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond Browne M. D.

Address 1500 E. Madison St Date signed 3/20

Spec.—8-16-39—L. F. S.—100 Blks.

F 78779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131-a F 78779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 N Mount ST. 15 WARD)

2—FULL NAME Caroline Addison

(a) RESIDENCE NO. 1422 N. Mount ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Addison

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Andrews Windsor Hill

9 BIRTHPLACE (city or town) (State or country) Howard Co.

PARENTS

10 NAME OF FATHER William Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Mary [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Agnes Cooper

(Address) 1422 N. Mount.

15 MAR 21 1941 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19-1941

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 41, to March 19, 19 41, that I last saw h[illegible] alive on March 18, 19 41 and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Age. Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1925 Ethan St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) W. H. Wright, M. D.

3/20, 19 41 (Address) 12 o'q Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Peters — DATE OF BURIAL 3/22 19 41

20 UNDERTAKER Geo G. Kelson — ADDRESS 1303 Pres[illegible] man St

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

78780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183-a F 78780

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Linden Avenue
(c) Hospital or institution: Mrs. Miller's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md. No ADDRESS (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Joseph Grafflin

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-26-1870

8. AGE: Years 70 | Months 5 | Days 23 | If less than one day: hr. 13 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Joseph Grafflin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sydney Norris
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence C. Day (cousin)
(b) Address 1204 Bolton Street, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 103 W. MONTA AVENUE

19 (a) MAR 21 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March-19-1941 at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March-13-1941 to Mch-19-1941, and that I last saw him alive on Mch-19-1941.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to cerebral arterio-sclerosis

Due to Congenital Hydro-cephalus

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herman Seidel M. D.
Address 2404 Eutaw Pl Date signed 3/20/41

F 78781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 78781

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Carolina St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Carolina (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Agnes Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Nelson
13. Birthplace Va

MOTHER
14. Maiden Name Ida Nelson
15. Birthplace Va

16 (a) Informant Mary Jackson
(b) Address 1215 N. Kay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph B. Lock Jr
(b) Address 1116 Central Ave

19 (a) MAR 21 1941 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1941, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to Mar 18 1941, and that I last saw h[illegible] alive on Mar 17 1941.

Immediate cause of death Lobar Pneumonia — Duration 8 days

Due to La Grippe — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward D. Eggleston M.D.

Address 1514 L Belt St Date signed 3/21/41

514 L. Belt Baltimore
Geo. Howard D. Eggleston M.D.

F 78782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-N Registered No. F 78782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden & Madison St.
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Charles James Petitt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-5200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Petitt
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 14-1894

8. AGE: Years	Months	Days	If less than one day
56	11	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Beth. Steel Co.

FATHER
12. Name Charles Petitt
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret L. Bishop
15. Birthplace Balto Md.

16 (a) Informant Mrs. Margaret Petitt
(b) Address 527 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director John A. Mogan
(b) Address 3000 E. Balto St.

19 (a) (Local registrar) (b) Huntingdon Williamsport Pa

MAR 21 1941

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941, 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1941, to Mar 20 1941, and that I last saw h[im] alive on Mar 20 1941.

	Duration
Immediate cause of death: Diffuse peritonitis	2 da.
Due to: Ruptured duodenal stump following gastric resection	
Due to: Peptic ulcer	
Other Conditions: Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Peptic ulcer
Of autopsy: Diffuse peritonitis Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp. Date signed 3/20/41

F 78783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78783

Registered No. 944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 Chancery Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Chancery Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KENNETH ROEFOED KIRWAN

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-01-5473

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna J. Kirwan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4, 1875

8. AGE: Years 65 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Taylor's Island, Dorchester Co.
(Town, county, and state)

10. Usual Occupation District Manager

11. Industry or business Raymond Concrete Pile Co.

FATHER
12. Name Albert C. Kirwan
13. Birthplace Maryland

MOTHER
14. Maiden Name Mettie Roefoed
15. Birthplace New York

16 (a) Informant Mrs. Kenneth K. Kirwan, Jr.
(b) Address 209 Chancery Rd.

17 (a) Burial (b) Date thereof 3-21-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address North & Pa. Aves.

19 (a) (b) Huntington Williams M.D.
(Signature of registrar)

MAR 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.

Date signed 3-19-41

F 78784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 78784 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Krause

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-12-7777A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Emma J. Krause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1858

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	0	28		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired Operator.
11. Industry or business Self

FATHER
12. Name Wm. H. Krause.
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanor Rundle.
15. Birthplace Md.

16 (a) Informant Mrs. June Stripley (daughter)
(b) Address 504 N. Fulton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Elem.
Location Baltimore Md.

18 (a) Funeral director Wm. J. Zirkers & Sons, Inc.
(b) Address West & Fa. Ave.

19 (a) (Date received by Registrar) (b) Registrar

MAR 21 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 2:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1941, to Mar. 19 1941, and that I last saw him alive on Mar. 19 1941.

Immediate cause of death	Duration
Generalized peritonitis.	2 to 3 days
Due to Ruptured sigmoid colon	2 to 3 days
Due to Carcinoma of rectum + sigmoid colon.	-
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Cannon M. D.
Address Md. General Hospital Date signed Mar. 19 1941

F 78785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 78785 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 E. 31st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 E. 31st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND EDWARD BARKER, SR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora E. Barker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 29, 1888

8. AGE: Years 52 | Months 7 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace: Vernon, Indiana (Town, county, and state)
10. Usual Occupation: Paperhanger
11. Industry or business: Self

FATHER
12. Name: Francis Barker
13. Birthplace: Kentucky

MOTHER
14. Maiden Name: Martha Pennington
15. Birthplace: Indiana

16 (a) Informant: Mrs. Cora E. Barker
(b) Address: 1924 E. 31st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) MAR 21 1941 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 9:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1938, to March 18 1941, and that I last saw him alive on Mar 18 1941.

Immediate cause of death: Cardiac Decompensation — Duration: May 7/40
Due to: Emphysema : Chr. Bronchitis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Samuel L. Quinn
Address: 1961 E. 31st St. Date signed 3/20/41

F 78786

cc 59911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 78786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (INS)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Stang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Sally
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Stang
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Keller
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Elizabeth Hartline
(b) Address 416 E. West St.

MAR 21 1941 (Date rec'd by registrar) (b) Interring Baltimore Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1941, at 1 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1941, to 3-20 1941, and that I last saw him alive on 3-19 1941.

Immediate cause of death	Duration
Carcinoma of the R. Lung	2 yrs. 3
Due to Terminal pneumonia	7 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gahlert Jr. M. D.
Address Baltimore City Hosp. Date signed 3-20-41

VS 3

F 78787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

F 78787 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Vincent St Ext
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Vincent St Ext
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 3

3 (a) FULL NAME Irving Robinson

Birth F 3106

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 5 - 1941

8. AGE: Years	Months	Days	If less than one day
	1	14 16	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Milon Robinson
13. Birthplace Norfolk, Va

MOTHER
14. Maiden Name Agnes Porter —
15. Birthplace Baltimore Md. —

16 (a) Informant Agnes Robinson, mother
(b) Address 1025 Vincent St Ext

17 (a) Burial (b) Date thereof 3/22/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cemetery
Location Baltimore

18 (a) Funeral director Chas H. Alexander
(b) Address 921 Mount St

19 (a) MAR 21 1941 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 20 - 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Status Thymicus — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-21-41

VS 6

F 78788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 78788 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Charles
(c) City or town Dentsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Thomas

Birth F 25193

3 (b) If veteran, name war: -
3 (c) Social Security Account No.: -

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: -
6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.) March 13, 1941

8. AGE: Years | Months | Days | If less than one day: 9 hr. 33 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Edward Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Woodland
15. Birthplace Maryland

16 (a) Informant Frances Thomas
(b) Address Dentsville, Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 21 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (Signature of registrar) Huntington Williams M.D.
MAR 21 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1941, at 6:55p M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1941, to 3/13 1941, and that I last saw her alive on 3/13 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address The Johns Hopkins Hospital Date signed 3/[illegible]/41

F 78789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X/54-a

F 78789 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Mauricetown (If outside city or town limits, write RURAL and give town)
(d) Street No. High Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Schutze

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emily Leaming
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1880

8. AGE: Years	Months	Days	If less than one day
61	1	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business MV WHITE FLASH

FATHER
12. Name William Schutze
13. Birthplace Germany

MOTHER
14. Maiden Name Marguerite
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hyattsville

18 (a) Funeral director A. Reilly Slade
(b) Address 4907 York Road,

19 (a) (Date rec'd by registrar) (b) Filed by Williams, M.D.

MAR 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1941 to Mar. 19, 1941, and that I last saw him alive on Mar. 19, 1941.

Immediate cause of death: Hemorrhage into cystic process in the left cerebrum — Duration: Unknown
Due to (?) Astrocytoma — Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Anderson, M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 3/19/41

George D Vuga

George D Vuga

F 78790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lynch Pl
(c) Hospital or institution: S. Balto. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Hanover Bound (If rural give location)
(e) If foreign born, how long in U. S. A.? 22 years

3 (a) FULL NAME George D. Vuga (Vuga)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 219-09-3294

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian Vuga

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 13, 1886

8. AGE: Years 54 | Months 64 | Days 11 | If less than one day hr. 6 min.

9. Birthplace Bulgaria (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Domestic Sugar Refinery

FATHER
12. Name Dan Vuga
13. Birthplace Unk

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant Mrs Lillian Vuga
(b) Address 1607 Hanover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto

18 (a) Funeral director A. Boyd Evans
(b) Address 1400-02 Eutaw St

19 (a) (Date rec'd by registrar) MAR 21 1941 (b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1941, to March 21 1941, and that I last saw him alive on March 21 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 14 days
Due to: arteriosclerosis.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Jo Balto Gen Hosp. Date signed 3/24/41 (M. D.)

F 78791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B Registered No. F 78791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Steinman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
74 75			hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Patrick McKinley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Carr
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1941 (month) (day) (year)
(c) Cemetery or crematory Mowbund Memo.
Location Laurel, Md

18 (a) Funeral director Rita Wendfeld
(b) Address 914 Cathedral St

19 (a) (Date rec'd by Registrar) MAR 21 1941 (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1941 at 11:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941, to Mch 19 1941, and that I last saw h[illegible] alive on Mch 18 1941.

Immediate cause of death	Duration
Carcinoma of Stomach	1 year
Due to Metastasis in Lungs	1 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Wall M. D.
Address 1631 E North Av Date signed 3/20-41

F 78792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78792 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3242 FAIT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3242 FAIT AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: ANNA M. KNOERLEIN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LAWRENCE KNOERLEIN

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) NOV. 7 1875

8. AGE: Years 65 | Months 4 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN D. SCHNEIDER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH HACK
15. Birthplace BALTO. MD.

16 (a) Informant LAWRENCE KNOERLEIN (HUS)
(b) Address 3242 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 22/41 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 (a) MAR 21 1941 (Registrar)

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 19 1941. at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 7 - 1941. to MAR 19 1941. and that I last saw HER alive on MAR 19 1941.

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration: 29 HRS
Due to: ARTERIOSCLEROSIS — 5 YRS
Due to: DIABETES MELLITUS — 3 YRS
Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Kennedy M.D.
Address 3326 McElderry Date signed 3-20-41

F 78793

F 78793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78793 Registered No. 77-P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeremah P. JERRY LANE

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-7340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec. 19/1898

8. AGE: Years	Months	Days	If less than one day
42 42	2	27 29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business ? .

FATHER
12. Name Patrick Lane
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace Ireland

16 (a) Informant Katherine Nellies(Sister
(b) Address 3713 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave. Rd.

18 (a) Funeral director Lillyst Zeiterkc
(b) Address 483 S. Wolfe St.

19 (a) MAR 21 1941 (b) (Registrar's signature) Huntington Williams, Jr. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 20 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 3-13-41

F 78794 F 78794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-M Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Guilford Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Richardson

3 (b) If veteran, name war W
3 (c) Social Security Account No. HHE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband Chas T. Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10th 1854

8. AGE: Years	Months	Days	If less than one day
86	7	10	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Thomas Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Rowe
15. Birthplace Md.

16 (a) Informant Chas. T. Richardson
(b) Address 1627 Shadyside Rd

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) MAR 21 1941 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20th 1941, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to 3/20 1941, and that I last saw h CR alive on 3/20 1941.

Immediate cause of death
Gastro Intestinal Malignancy
(Enter only one cause per line for (a), (b), and (c).)
Due to Cardiac Exhaustion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration
4 yrs 6 mos
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex A Weinlocke M.D.
Address 4603 Park Heights Ave Date signed 3/20/41

394661 F 78795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 78795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARRON RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5

(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Jessup (If outside city or town limits, write RURAL and give town)

(d) Street No. Washington Blvd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Guy Russell

3 (b) If veteran, name war None | 3 (c) Social Security Account No. [illegible]

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Angeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-94

8. AGE: Years 47 | Months 0 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Laborer 1935 W.P.A.

FATHER 12. Name Charles Russell

13. Birthplace Md

MOTHER 14. Maiden Name Stella

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/41 (month) (day) (year)

(c) Cemetery or crematory Elwood

Location Elwood Ind.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) MAR 21 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-19 1941 at 1025 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 17 1941 to MAR 19 1941 and that I last saw him alive on MAR 19 1941

	Duration
Immediate cause of death HEART FAILURE	6 Hours
Due to Rheumatic Heart Disease	33 years
Due to	
Other Conditions Diabetes mellitus, Asthma, Chronic Bronchitis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation

of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Klein M. D.

Address Johns Hopkins Hosp. Date signed 3/20/41

VS 8

F 78796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

F 78796

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 r Woodholme Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 63
(e) Length of stay in Baltimore (yrs., mos., or days) 65 4 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bulld Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 r Woodholme Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Anna Katherine Steiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Martin Steiger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 1871

8. AGE: Years 69 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or Business

MOTHER / FATHER

12. Name Ludwig Bornmann

13. Birthplace Germany

14. Maiden Name Sabina Youngman

15. Birthplace Germany

16 (a) Informant Mr Geo Steiger

(b) Address 301 r Woodholme Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Gryden Lane

18 (a) Funeral director J Heuman Son

(b) Address 3 r E Broadway

MAR 21 1941 (Date rec'd by registrar)

(b) Huntington Ave Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1941, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1939, to March 19, 1941, and that I last saw h[illegible] alive on March 19, 1941.

Immediate cause of death: Coronary Heart Disease — Duration ?

Due to Generalized arteriosclerosis Chronic nephritis

Due to Myocardial insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney M. D.

Address 7101 Harford Rd. Date signed 3/31/41

78797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 78797

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1628 E Eager (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gretchen Roberts

Birth - F 17167

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 8, 1940

8. AGE: Years	Months	Days	If less than one day
	5	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER

12. Name James Roberts

13. Birthplace Va

MOTHER

14. Maiden Name Lelia Brown

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 21, 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Smithfield Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter

(b) Address 1299 N. Carolina St.

MAR 21 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 20 1941, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 19 1941, to MAR 20 1941, and that I last saw her alive on MAR 20 1941

Immediate cause of death: Acute Cardiac Failure — Duration 2 days

Due to: unknown etiology

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Incomplete

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Witness from Granite

Address Johns Hopkins Hosp. Date signed 3/20/41 M. D.

78798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78798 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1369 N. Stricker St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM MONTANA, JR. Birth F 21638

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/41

8. AGE: Years	Months	Days	If less than one day
	2	20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Montana
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Olivia Brickhouse
15. Birthplace Maryland

16 (a) Informant Oliver Montana
(b) Address 1369 N. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory St Ambrose
Location

18 (a) Funeral director Leo D. Kehoe
(b) Address 1303 Presstman St

MAR 21 1941 Registered by Washington Nitkin, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1941 at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1941 to 3-21 1941 and that I last saw him alive on 3-21 1941.

Immediate cause of death Acidosis — Duration:

Due to Intracranial hemorrhage? — 9 hrs.

Due to Diabetes?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations Gross

of autopsy Grossly negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Katz, M. D.
Address University Hospital Date signed 3-21-41

over.

W 78799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

461

F 78799

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Boonsboro (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice B. Hutzell (Mrs Otho J.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
♀	W	married

6 (b) Name of husband or wife Otho Hutzell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name John Reeder
13. Birthplace Md.

MOTHER
14. Maiden Name Mrs. Dick
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Boonsboro Cem.
Location Boonsboro, Md.

18 (a) Funeral director Wm. F. Bast
(b) Address Boonsboro, Md.

19 (a) 3/22/41 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1941 to 3-21 1941, and that I last saw her alive on 3-21 1941.

Immediate cause of death Shock — Duration 2 hrs

Due to Operative procedure — Duration 2

Due to Carcinoma of rectum — Duration 3 hrs

Other Conditions — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma c metastases
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Clifford M. D.
Address Union Mem. Hosp. Date signed 3-21

E 78890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97 Registered No. E 78890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 McKean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 McKean Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wallace D. Gosnell

3 (b) If veteran, name war — NO
3 (c) Social Security Account No. — NAP

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 22nd 1857

8. AGE: Years	Months	Days	If less than one day
83	7	29	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name Wallace D. Gosnell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Redgrave
15. Birthplace Md.

16 (a) Informant Mrs. Isadora Shipley
(b) Address 1701 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3, 24, 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Baltimore St

19 MAR 22 1941 (Date received by Registrar) (b) Huntington Nitis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21st 1941, at 6:12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935 to Mar 21 1941, and that I last saw him alive on March 1941.

	Duration
Immediate cause of death Senility	
Marked arterio-sclerosis	2 yrs
Due to Gradual Decline	
Due to	
Other Conditions Prostatitis	18 mo
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R A Smith M. D.
Address 1600 W. Baltimore Date signed 3/21/41

78801

FAIRBANK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 - 4 Registered No. E 78801

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 East 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 E 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Fairbank

3 (b) If veteran, name war No

3 (c) Social Security Account No. 220-05-2208

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma R. Fairbank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1870

8. AGE: Years	Months	Days	If less than one day
70	3	20	hr. min.

9. Birthplace Boyertown Md
(Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Own Store

FATHER
12. Name Charles H. Fairbank
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Mercer
15. Birthplace Md

16 (a) Informant Charles F. Fairbank
(b) Address 525 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Nelson Co
(b) Address 1217 E Fayette St

MAR 22 1941 (Date rec'd by Registrar) Pennington for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941, at 10:11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1940 to March 20 1941, and that I last saw him alive on March 19 41

Immediate cause of death
Coronary Thrombosis
Due to Aortic Stenosis.
Due to
Other Conditions

Duration
7 yrs

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation: No
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Harry Myers M. D.
Address 1100 Cathedral Date signed March 21 41

78802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-0 Registered No. F 78802

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mc Cabe

3 (b) If veteran, name war

3 (c) Social Security Account No. 40 48

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1901

8. AGE: Years: 40 | Months: 2 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Mc Cabe
13. Birthplace Ireland

MOTHER
14. Maiden Name Minnie Rose
15. Birthplace Baltimore Co.

16 (a) Informant Mercy Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1941, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941 to 3-20 1941, and that I last saw h me alive on 3-19 1941.

Immediate cause of death Hæmorrhage — Duration

Due to Ruptured oesophageal varices

Due to Portal cirrhosis

Other Conditions Chronic alcoholism delirium tremens
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ruptured oesophageal varices

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo B Barnes M.D.
Address Mercy Hospital Date signed 3-20-41

78803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. E 78803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Patapsco St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Patapsco St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Thompson

3 (b) If veteran, name war Spanish

3 (c) Social Security Account No. [redacted]

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1869

8. AGE: Years 71 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Lighter Tender

11. Industry or business

FATHER 12. Name John Thompson

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Unknown

15. Birthplace Richmond Va

16 (a) Informant Lillian Thompson

(b) Address 1510 Patapsco St

17 (a) Buried (b) Date thereof 3-24-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wellham Lee

(b) Address 1217 E Fort St

19 (Date received by Local Registrar) MAR 22 1941 Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 66 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940, to March 21 1941 and that I last saw him alive on 3/20 1940

Immediate cause of death Toxemia from metastatic Carcinoma of Neck

Due to Primary not found

Due to

Other Conditions Hypertension Cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.

Address 203 Patapsco Ave Date signed

VS 2

78804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78804 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Hartford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4000 Hartford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Short

3 (b) If veteran, name war no
3 (c) Social Security Account No. 40AE ?
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Sarah Jane Short
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 23 1866
8. AGE: Years 74 Months 9 Days 28 If less than one day hr. min.
9. Birthplace England (Town, county, and state) Retired
10. Usual Occupation Marine Surveyor,
11. Industry or business Lloyds Register Shipping

FATHER
12. Name James Tilson Short
13. Birthplace England

MOTHER
14. Maiden Name Sophia Chatterton
15. Birthplace England

16 (a) Informant Sarah J. Short
(b) Address 4000 Hartford Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 24 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location "
18 (a) Funeral director Williams Cook
(b) Address 1217 E. Fayette St.

MAR 22 1941 (Date rec'd by Registrar) Harrington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941, to March 21 1941, and that I last saw h.. alive on March 14 1941

Immediate cause of death
11 Coronary Thrombosis.
Due to -
Due to
Other Conditions Emphysema Pectoris

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: - None
of autopsy: No -

Duration
Less than 1 hr.
30 minutes ?
2 years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earle L. Chambers
Address 4108 Liberty Hts. Date signed 3/22/41

78805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 28805

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Pratt St. 1822 W. Fayette St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Barton (64185)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1891

8. AGE: Years	Months	Days	If less than one day
49	5	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None Clerk
11. Industry or business B. O R. R.

FATHER
12. Name Theodore Isador Barton
13. Birthplace Md. (Balto)

MOTHER
14. Maiden Name Margaret Pollard
15. Birthplace Md. (Balto

16 (a) Informant Hospital Records
(b) Address Alice Picha 1822 E. Fayette st

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul st

MAR 22 1941 (Date rec'd by Registrar) (c) Huntington Hilliard

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1941, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 1941, to Mar. 19, 1941, and that I last saw him alive on Mar. 19, 1941

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaugh Ki M. D.
Address Balto. City Hospitals Date signed 3-19-41

E 78806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. E 78806

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Overlea Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Overlea Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GUSTAV LIEBMANN

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 220-07-7962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bessie M. Liebmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1871

8. AGE: Years	Months	Days	If less than one day
70	0	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Union Brothers

FATHER
12. Name Moritz Liebmann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. G. Liebmann
(b) Address 4104 Overlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto., Md.

18 (a) Funeral director Lonsdale Funeral Home
(b) Address 7401 Belair Road

19 (a) MAR 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M. D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21st, 1941 at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941, to March 22 1941, and that I last saw h alive on March 20 1941.

Immediate cause of death	Duration
myocardial thrombosis	5 days
Due to Coronary Thrombosis	5 days
Due to Arterio-Sclerosis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Zeuch M. D.
Address 1W. Overlea Date signed 3/24/41

78897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 78897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Alvarado Square (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugo Georges (Hugo C. J. Georges Sr.)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma L. Georges
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1858

8. AGE: Years	Months	Days	If less than one day
82	8	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Store
11. Industry or business Restaurant & Liquor

FATHER
12. Name Karl Georges, Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. E. L. Georges
(b) Address 2912 Alvarado Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lasselle Funeral Home
(b) Address 7401 Belair Road

19 MAR 22 1941 (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 41. to March 21 1941. and that I last saw h.m alive on March 21 1941.

Immediate cause of death Pneumonia, 2d base — Duration 2 weeks

Due to over

Due to

Other Conditions Rheumatism & Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald J. Raap M. D.
Address Mercy Hosp. Date signed 3-21-41

78808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 78808

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 Riggs Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Emerine

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
------	216-07-7874	M	W	Married

6 (b) Name of husband or wife Mary A. Emerine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John H. Emerine
13. Birthplace Md.

MOTHER
14. Maiden Name Maragert Schneider
15. Birthplace Balto, Md.

16 (a) Informant Mary A. Emerine
(b) Address 1919 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) MAR 22 1941 (Date rec'd by registrar) (b) Hunter for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th. 1941. at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1941 to 3-20 1941 and that I last saw him alive on 3-19 1941.

Immediate cause of death	Duration
UREMIA	4 DAYS
Due to CEREBRAL HEMORRHAGE	12 DAYS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman R. Klemm M. D.
Address 101 N. Fulton Ave. Date signed 3-21-41

VS 3

F 78809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No. F 78809

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Rising Sun, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary H Hindman

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 29 1861

8. AGE: Years	Months	Days	If less than one day
79	9	26	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Hanondle
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Caroline McDonald
15. Birthplace Baltimore Md.

16 (a) Informant John Hindman
(b) Address Rising Sun Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 (month) (day) (year)
(c) Cemetery or crematory West Nottingham
Location Colora, Cecil Co Md.

18 (a) Funeral director J. C. Tyson
(b) Address Rising Sun Md.

19 (a) MAR 22 1941 (Date rec'd by registrar) Thomas Jon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 7.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1940 to Mar 22 1941, and that I last saw h c v alive on Mar. 22 1941.

Immediate cause of death Cardiac Failure — Duration .....

Due to Carcinoma Ovaris — Duration over .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. Wilson A. Youngblood, M. D.
Address Md. Gen. Hosp. Date signed 3/22/41

VS 3

F 78810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78810

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Park Ave St. 1st-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Olivia Scheuerman

If U. S. Veteran specify WAR

(a) Residence: No. 1528 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): married

5a. If married, widowed or divorced: HUSBAND of (or) ~~WIFE of~~ Louis Scheuerman

6. DATE OF BIRTH (month, day, year): Oct 20th 1900

7. AGE: Years 40 41 ~~42~~ | Months 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): VIRGINIA

FATHER

13. NAME: ~~MARTIN~~ LITTLETON C. GODWIN

14. BIRTHPLACE (city or town) (State or country): VIRGINIA

MOTHER

15. MAIDEN NAME: ~~MARTHA~~ OLIVIA ~~GODWIN~~ MARTIN

16. BIRTHPLACE (city or town) (State or country): VIRGINIA

17. INFORMANT: Estud M. Chesser

(Address) 1528 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 3-24 1941

19. UNDERTAKER: Robert Brooks & Son

(Address) Calhoun & Hollins Sts

Huntington Williams, M.D.

MAR 22 1941 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20- 1941

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1940 to 3/20 1941

I last saw her alive on 3-20- 1941. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Recurring carcinoma of left breast — Date of onset Years

Other contributory causes of importance:

Metastasis

Was an operation performed? Yes Date of 12 yrs ago

For what disease or injury? Removal of left Breast

Name of operation Section Date of 12 yrs ago

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel Morrison M. D.

(Address) 1013 N Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78811 ✓ F 78811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Woodward (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Margaret Elizabeth McGiff

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife Joseph McGiff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1890

8. AGE: Years	Months	Days	If less than one day
50	6	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Market
11. Industry or business Laundry

FATHER 12. Name William La Motte
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Reynolds
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Florence Faggio
(b) Address 414 S. Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3809 Hedgsett Ave

18 (a) Funeral director Johns Bowman & Son
(b) Address 901 Hollins St

19 MAR 22 1941 (b) Huntington Williams, M.D. (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941, to March 21 1941, and that I last saw her alive on March 21 1941.

Immediate cause of death: Lobar pneumonia — Duration: 3-13-41
Due to Pneumococcus Type
Due to
Other Conditions: Myocardial failure, acute
(Include pregnancy within 3 months of death)

Major findings:
Of operations None done
Of autopsy None done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond D. Irwin M. D.
Address Woman's Hosp. Date signed 3-22-41

F 78812 ✓ F 78812

394468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 dys.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 Francis St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Gist

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 88

8. AGE: Years	Months	Days	If less than one day
52	2	25	hr. min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Nash
13. Birthplace P

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 MAR 22 1941 (Date rec'd by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1941 at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1941 to Mar 20 1941 and that I last saw her alive on Mar 20 1941

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardio-vascular disease	7
Due to Septicemia - ? due to B	
Other Conditions Contracted ? to B Paratyphosus B.	3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr

Address John Hopkins Hosp. Date signed 3-20-41 M. D.

VS 3

78813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

F 78813 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Linden Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Linden Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Charles Brosius Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith Beer
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---

8. AGE: Years	Months	Days	If less than one day
About 76	---	--	-- hr. --- min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation ---
11. Industry or business Real Estate

FATHER
12. Name James T. Reed
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Bernhardt
15. Birthplace Germany

16 (a) Informant Mrs. Edith Beer Reed
(b) Address 1216 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street.

19 MAR 22 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th 1941, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17th 1941, to 3/20th 1941, and that I last saw him alive on 3/20th 1941.

Immediate cause of death Pulmonary Hemorrhage — Duration 2½ days
Due to Probable Carcinoma Ft Bronchus — ?
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lauriston L. Rivard M.D.
Address 1938 Linden Ave Date signed 3/21/41

VS 8

H 78814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

Registered No. E 78814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mr. Charles Howard Satterfield.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-2647

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs. Louise Satterfield.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 3/14/76

8. AGE: Years	Months	Days	If less than one day
65	10	6	— hr. ____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired Engineer.
11. Industry or business —

FATHER
12. Name John Satterfield
13. Birthplace — Md.

MOTHER
14. Maiden Name Martha Sullivan
15. Birthplace — Md.

16 (a) Informant Hospital chart.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. East, Md.

18 (a) Funeral director J. Fabian Pope
(b) Address 1801 Light St.

19 (a) MAR 22 1941 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/41 19__, to 3/20/41 19__, and that I last saw him alive on 3/20 19 41.

Immediate cause of death Uremia. — Duration 6 days.

Due to Renal shutdown - due to hypertrophic prostate & track — over

Due to pressure.

Other Conditions C.P.C. Pneumonia. Cerebrovascular.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature James O. Kerr M. D.
Address Bon Secours Hosp. Date signed 3/20/41

VS 3

F 78815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

✓ F 78815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St.,
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 E 39th street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Augusta Dowell
Pearl A Dowell

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert L. Dowell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1867

8. AGE: Years 73 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John T. Hope
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha A. Clements
15. Birthplace Baltimore, Md.

16 (a) Informant Robert L. Dowell, Jr.
(b) Address 508 E. 39th St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) MAR 22 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1941, at 1:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1941, to 3-21 1941, and that I last saw h.m alive on 3-21 1941.

Immediate cause of death: Diabetes mellitus — Duration 7 years.
Due to acidosis. — 18 hrs.
Due to
Other Conditions arteriosclerotic condition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Lopsin M. D.
Address St Joseph Hospital Date signed 3/21/41

VS 3

F 78816

BALTIMORE CITY HEALTH DEPARTMENT 107

CERTIFICATE OF DEATH 52939

F 78816

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore City Hospitals
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1856

8. AGE: Years 84 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John S. Clark
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Norville
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location 3801 Frederick Ave.

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.

19 MAR 22 1941 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1941, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16-40 19 to 3-19-41 19, and that I last saw her alive on 3-19-41 19.

Immediate cause of death: Bronchial pneumonia — Duration: 24 hrs.

Due to

Due to

Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M.D.
Address Balto. City Hospts. Date signed 3-20-41

VS 8

F 78817 ✓ F 78817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4714 Ichley ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4714 Ichley ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine E. Diez

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Conrad J Diez
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 - 1868

8. AGE: Years	Months	Days	If less than one day
73	2.	17.	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Home Duties

FATHER
12. Name John Adam Quick
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Annie R. Schone
15. Birthplace Baltimore Md.

16 (a) Informant Frank Bernard Hartman
(b) Address 3006 Pinewood Ave

17 (a) Burial (b) Date thereof Mar. 23/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Jerusalem Cemetery
Location Baltimore Md

18 (a) Funeral director Francis Col Eyfer
(b) Address 1600 W. North Ave

19 (a) MAR 22 1941 Huntington Williams, M.D.
(Month, day, year registered) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1941, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 1939 to March 1941
and that I last saw him alive on March 20 41

Immediate cause of death Exhaustion — Duration 6 mo
Due to Carcinoma. Rectum — 1 year
Due to Infirmities of age
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. N. Magruder
Address 14 E. Read St Date signed 3/21

VS 2

Version 2.689. 41

F 78818

OF 64184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78818 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. Chester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherina Zastonka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Frances (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
72?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation (supported by sons)
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)
(c) Cemetery or crematory Holy rosary
Location German hill rd

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St, Fort Williams, Md

19 (a) MAR 22 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20- 1941 at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5- 1941, to 3-20- 1941, and that I last saw h[illegible] alive on 3-20- 1941

	Duration
Immediate cause of death [illegible]	7
Due to Gen. P.S.	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 3-20-41

VS 3

F 78819

BALTIMORE CITY HEALTH DEPARTMENT

DH **CERTIFICATE OF DEATH** 134-F 78819 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Dyson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Louisa
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 16, 1862

8. AGE: Years	Months	Days	If less than one day
78	7	1	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Moses Dyson
13. Birthplace N.Y.

MOTHER
14. Maiden Name Eliza.
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Balto Co.
18 (a) Funeral director John Jno Weber
(b) Address 401 E. Chester St.
19 MAR 22 1941 (b) Huntington Williams M.D. (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1941, at 8:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941 to 3-17 1941, and that I last saw h[illegible] alive on 3-17 1941.

Immediate cause of death	Duration
Bronchopneumonia	7
Due to Hypostatic pneumonia	7
Due to Senile edema	7
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Requested

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-21-41

VS 3

F 78820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 78820
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lester

6 (c) If alive, give age: 21 years

7. Birth date of deceased (mo., day, yr.): May 23, 1920

8. AGE: Years: 20 | Months: 9 | Days: 27 | If less than one day: hr. min.

9. Birthplace: N. C. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Rev. Carrington March
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Georgia Hairston
15. Birthplace: N. C.

16 (a) Informant: Lester Wallace
(b) Address: 1509 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1941 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cemetery
Location: A. A. County Md.

18 (a) Funeral director: Mrs. B. U. Elliott & Daughter
(b) Address: 129 N. Caroline St.

19 (a) MAR 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 19 41, at 10:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: generalized uremia — Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Anasarca

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/14/41
(c) Where did injury occur? 1509 E Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Clothes caught fire in open kitchen heater

23. Signature: Howard Brent M.D. Medical Examiner.
Date signed 3/20/41 House not Home

VS 6

F 78821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 78821

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunar Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 1518 Latrobe Park Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Paskowzki

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-03-4904

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Stella Paskowski
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1901

8. AGE: Years	Months	Days	If less than one day
39	7	9	..... hr. ..... min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Long Shoreman
11. Industry or business Robt Herd & Co.

FATHER
12. Name Alexander Paskowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Mackewicz
15. Birthplace Poland

16 (a) Informant Stella Paskowski
(b) Address 1518 Latrobe Pk. Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Balto. Co.

18 (a) Funeral director Charles F. Dill.
(b) Address 1500 E. Fort Ave

19 (a) MAR 22 19 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/41 19..., at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10/41 19... to 3/20 1941.
and that I last saw h[illegible] alive on 3/20 19 41.

Immediate cause of death	Duration
Card Resp fail	
Due to Card decomp	
Due to Lobar Pneu	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneu

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Torgas Thelan
Address Lunar Hosp, Balto Date signed 3/20/41 (M. D.)

VS 3

78822 OF 64500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

25 ✓ F 78822 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Duncan Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No 214-18-7933

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Seperated

6 (b) Name of husband or wife Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1906

8. AGE: Years	Months	Days	If less than one day
34	8	29	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business A & P Warehouse

FATHER
12. Name James Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Davis
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Loketh, County.

18 (a) Funeral director [illegible]
(b) Address 64 W. Caroline St. [illegible]

19 (a) MAR 22 1941 (Date rec'd by registrar) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1941, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1941, to 3-18 1941, and that I last saw h-im alive on 3-18 1941.

Immediate cause of death — Duration
Intestinal Stricture — 2 [illegible]
Primary retention — 4 [illegible]
Due to Peri-rectal abscess — 2 [illegible]
Primary stricture — 2 [illegible]
Due to Bronchopneumonia — 2 [illegible]
over

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gullett Jr. M. D.
Address Baltimore City Hosp. Date signed 3-18-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78823 F 78823

CERTIFICATE OF DEATH

83-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 S. Dean St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 40 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 928 S. Dean St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ollie Jackson

6. DATE OF BIRTH (month, day, year) 1874

7. AGE [illegible] Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
[illegible] 56	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Bonnie Hawkins
(Address) 1711 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 3/23/41

19. UNDERTAKER Robert E. Wilson
(Address) 1575 McElderry St

20. MAR 22 1941 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1941, to March 20, 1941

I last saw h[illegible] alive on March 20, 1941 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-19-41
Other contributory causes of importance: Pulmonary Oedema	3-20-41

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. B. Bronushas M. D.

(Address) 3037 O'Donnell St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

78824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92N

Registered No. E 78824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Myrtle ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Myrtle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Frank Dancy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-2477

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Callie E. Dancy

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1874

8. AGE: Years 67 | Months 1 | Days 1112 | If less than one day ... hr. ... min.

9. Birthplace Tarboro, N. C. (Town, county and state)

10. Usual Occupation Chef

11. Industry or business Steward

FATHER
12. Name Frank Dancy
13. Birthplace North Carolina

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Callie E. Dancy
(b) Address 1130 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Geo. H. Hoeland
(b) Address 1631 Druid Hill Ave

19 (a) — (Date rec'd by registrar) (b) Hennington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1941, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1941, to Mar 20 1941, and that I last saw h.. alive on Mar. 21 1941.

Immediate cause of death

Due to Cardiac insufficiency

Due to Aortic Regurgitation

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. Douglas Sheppard M. D.
Address 1063 Myrtle ave Date signed 3/21/41

VS 3

78825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

F 78825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Robert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Divorced

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	2	hr. min.

9. Birthplace Kingston Jamaica (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Ruth Brown
(b) Address 4306 Dewey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (Date rec'd by registrar) (b) Harrington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1941 at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1941 to Mar 20 1941 and that I last saw her alive on Mar 20 1941.

Immediate cause of death Resp. failure — Duration

Due to Post-operative paralytic ileus and arrested — 6 days

Due to duodenal obstruction — 6 days

Due to adhesions & volvulus — 6 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-17-41

Major findings of operation: Volvulus of duodenum adhesions of ileum

of autopsy: Distention above [illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eleanor Macnaughton M. D.

Address Univ. Hosp. Date signed 3-20-41

F 78826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163H Registered No. F 78826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 1412
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida P. Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martin L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18-1872

8. AGE: Years 69 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace Snow Hill Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Purnell
13. Birthplace Snow Hill, Md.

MOTHER
14. Maiden Name Martha M. Williams
15. Birthplace Harrisburg, Pa

16 (a) Informant Mrs. Mary A. Sikes
(b) Address 1621 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Hunter-Taylor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941 at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Illuminating Gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/17/41
(c) Where did injury occur? 1621 Druid Hill Ave (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating Gas - Gas Burners

23. Signature Hunter-Taylor Williams M.D.
Medical Examiner.
Date signed 3/20/41

VS 6

F 78827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Fernhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Fernhill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEE DORNBERG

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife A. Marie Dornberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1882

8. AGE: Years 58 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Real Estate Broker

11. Industry or business

FATHER 12. Name Louis Dornberg,

13. Birthplace Germany.

MOTHER 14. Maiden Name Caroline Straus,

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lee Dornberg,

(b) Address 4301 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41. (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Baltimore, Md.

18 (a) Funeral director David Tomasheimer & Son.

(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22nd. 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1940 to 3/22 1941, and that I last saw h alive on 3/20 1941.

Immediate cause of death: Cerebral Embolism — Duration: immed

Due to: Coronary Thrombosis — Duration: 7 wks

Due to: Arteriosclerosis

Other Conditions: Chr. Nephritis — Duration: 9 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene J. Leopold M. D.

Address 200 W. Lafayette Ave. Date signed

78828
393875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 78828

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town N. Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hermina Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-21

8. AGE: Years	Months	Days	If less than one day
19	9	4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Winfield Taylor
13. Birthplace Md

MOTHER
14. Maiden Name Mary Garrison
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23rd 1941 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Balto Co. Md

18 (a) Funeral director Bynon Thomas K. Wright
(b) Address 218 Me Elderry St

19 (a) [illegible] (b) Registrar's signature [illegible]

MAR 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1941, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1941, to 3/19 1941, and that I last saw her alive on 3/19 1941.

Immediate cause of death respiratory failure. — Duration

Due to Tuberculous pneumonia Rt lung — 7 days?

Due to Bronchogenic spread after Thoracoplasty, Lt.

Other Conditions good-bye Thoracoplasty

(Include pregnancy within 3 months of death)

Date of operation 3/12/41

Major findings of operations —

Site of autopsy TBC. cavity Upper Lobe collapsed Rt lung spread

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Johns Hopkins Hosp. Date signed 3-20-41

78829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161a

✓ F 78829 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 27 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5046 Pembridge Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Earle Dilgnman Jr. Birth F 24484
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-3-41

8. AGE: Years	Months	Days	If less than one day
			9 hr.s. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Earle Dilgnman Sr.
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ruth Virginia Mills
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Ruth Dilgnman
(b) Address 5046 Pembridge Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Disposal of Body at Hospital
(b) Address with consent of Parents Huntingtn & Nathaniel, Md.

19 (Date received by Registrar) MAR 22 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1941, at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1941, to 3/3 1941, and that I last saw him alive on 3/3 1941.

Immediate cause of death: Congenital fetal Atelectasis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Euler B Walworth M. D.
Address 1 W Mt Vernon Pl Date signed 3-3-41

VS 3

F 78830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1637

Registered No. F 78830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County .....
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 D. St. N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME SYLVAN WURTZBURGER.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 215-10-9349

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 37 | Months ..... | Days ..... | If less than one day ..... hr. ..... min.

9. Birthplace Wash. D. C (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business .....

FATHER 12. Name H. Moses Wurtzburger

13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Feldman

15. Birthplace Germany

16 (a) Informant Wife

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)

(c) Cemetery or crematory Wash. Hebrew

Location Wash. D. C.

18 (a) Funeral director Jack Lang Inc

(b) Address 1439 E. Baltimore St

19 (a) MAR 22 1941 (b) Huntington Williams, H.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bichloride of mercury poisoning — Duration .....

Due to Suicide

Due to Mental Responsibility

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-13-41
(c) Where did injury occur? saloon (City or town) 1431 W. Balto (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Tablets of bichloride of mercury

23. Signature H. L. Wollenweber M.D.
Act Medical Examiner

Date signed 3-22-41

F 78824 388198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153 X F 78831
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Todd PLACE NE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A. Augst JR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-2-21

8. AGE: Years	Months	Days	If less than one day
19	7	19	hr. min.

9. Birthplace Richmond VA (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Joseph Augst
13. Birthplace Richmond VA

MOTHER
14. Maiden Name Minnie Leber
15. Birthplace New Kent Co. VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cem.
Location Richmond Va.

18 (a) Funeral director Wm. J. Dickson & Sons
(b) Address Richmond Va.

19 (a) MAR 23 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 21 1941, at 1105 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940, to MAR 21 1941, and that I last saw him alive on MAR 21 1941.

Immediate cause of death: Disseminated Lupus Erythematosus
Due to: with Thrombocytopenia
Other Conditions

Duration: 1½ years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Disseminated Lupus Er.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Klein M. D.
Address Johns Hopkins Hosp. Date signed 3/22/41

F 78832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B X F 78832

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md. 12-6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Dorchester

(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)

(d) Street No. 222 Ceder Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [illegible]

3 (b) If veteran, name war: W

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	8	15		

9. Birthplace Talbot County, Maryland. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Carroll Wilson

13. Birthplace Unknown

MOTHER

14. Maiden Name Bertha Queen

15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-41 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Cambridge Md

18 (a) Funeral director Lewis A Henry

(b) Address 222 Cedar St Cambridge Md.

19 (a) MAR 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1941, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1941, to March 20 1941, and that I last saw him alive on March 20, 1941.

Immediate cause of death	Duration
Broncho pneumonia and inanition	
Due to recurrent Carcinoma of stomach with metastasis to regional lymphnodes and liver	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. N. Anderson

Address U. S. Marine Hospital, Wyman Park Drive, Baltimore, Md. M. D.

Date signed 3/20/41

VS 3

F 78833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H F 78833 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Broxton Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Broxton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH DUBOSE SHEETS

3 (b) If veteran, name war no
3 (c) Social Security Account No. no

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife George DeWitt Sheets
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) 6 12 [illegible]
8. AGE: Years 41 Months 9 Days 9 If less than one day hr. min
9. Birthplace Bishopville, S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name Murray Lester Du Bose
13. Birthplace Bishopville S.C.

MOTHER
14. Maiden Name Zuleka Harris
15. Birthplace Bishopville

16 (a) Informant George DeWitt Sheets
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/1941 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Bishopville
Location Bishopville, South Carolina

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) MAR 23 1941 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 3 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Illuminating gas poisoning
Due to: Suicide
Due to: mental despondency
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
, Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence March 22, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury gas stove

23. Signature H. L. Wollenweber Asst. Medical Examiner M.D.
Date signed 3-22-41

VS 6

F 78834 ✓ F 78834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 78834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2329 Bryant Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Bryant Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Rosenfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Isaac M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 4, 1884

8. AGE: Years	Months	Days	If less than one day
56	4	18	hr min

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Isaac Lubelsky
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie ?
15. Birthplace Russia

16 (a) Informant Isaac M. Rosenfeld
(b) Address 2329 Bryant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23/41 (Month) (day) (year)
(c) Cemetery or crematory Mount Hebron
Location Flushing Long Island N.Y.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) MAR 23 1941 (Date rec'd by registrar) (b) Interment Filed Registrar

MEDICAL CERTIFICATION 4.45

20. DATE OF DEATH: March 22, 1941, at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift Medical Examiner M.D.
Date signed 3/22/41

VS 6

16

F 78835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D ✓

F 78835

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 788 W. Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 W. Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Smith Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Sadie Smith
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 8-12-1891

8. AGE: Years	Months	Days	If less than one day
49	7	9	hr. min.

9. Birthplace Richmond - Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace unknown

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Sadie Smith
(b) Address 708 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 41 (month) (day) (year)
(c) Cemetery or crematory ARBUTUS MEMORIAL
Location ARBUTUS - Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penha ave

19 (a) [illegible] (b) [illegible]
(Signature of local registrar) Registrar

MAR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1941, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1941 to March 21 1941 and that I last saw him alive on March 1941.

Immediate cause of death: Carcinomatosis — Duration: 3 mo.
Due to: Carcinoma of Lung (Mediastinum) — Duration: —
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature J. Mathew Huggins
Address 2243 Madison Ave Date signed 3/25/41

F 78836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 78836

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospt Eastwtion
(c) Hospital or institution: St Joseph Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County A.A. County
(c) City or town Annapolis Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Clay St. Annapolis (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-9

3 (a) FULL NAME James Anderson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: deceased
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept b. 1878

8. AGE: Years 57 59 | Months 5 | Days 20 17 | If less than one day: hr. min.

9. Birthplace West River Md. a.a county (Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business

FATHER
12. Name James William Anderson
13. Birthplace West River Md.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Florence Anderson Myers
(b) Address 24 Chester ave East Port

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23 1941 (month) (day) (year)
(c) Cemetery or crematory Brewhill
Location On Washington Rd. outside Annapolis Md

18 (a) Funeral director Chas H Alyard
(b) Address 43 & 45 West St A.A. Co

19 (a) MAR 23 1941 (Date received by local registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19- 1941, at 11:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26- 1941, to 3-19- 1941, and that I last saw him alive on 3-19-41 19—.

Immediate cause of death Cachexia — Duration

Due to Cancer of Stomach

Due to

Other Conditions Bronchiectasis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad S. Reuter M. D.
Address St Joseph's Hosp Date signed 3/20/41

F 78837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-3
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Sophia Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C.C.	Widowed

6 (b) Name of husband or wife James F. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1871

8. AGE: Years	Months	Days	If less than one day
69	9	23	2 hr. min.

9. Birthplace A. C. Co. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph F. Jenkins
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Boston
15. Birthplace Md.

16 (a) Informant Joseph Jenkins
(b) Address 1428 N. Pine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-41 (month) (day) (year)
(c) Cemetery or crematory Franklin
Location Chesapeake Md.

18 (a) Funeral director Lamb & Edmondson
(b) Address 638 N. Edmondson Ave

19 MAR 23 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 9:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to March 21 1941, and that I last saw h CS alive on March 20 1941.

Immediate cause of death
(a) Hypertensive Cardio-Vascular Disease
Due to —
Due to —
Other Conditions Senile Dementia
(Include pregnancy within 3 months of death)

Duration
3 mo

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George McDonald M. D.
Address 844 N. Carey Date signed 3/21/41

VS 3

0

78838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) ? 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Front St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 ?? years

3 (a) FULL NAME Morris Lieberman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-5478

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Lieberman
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) ?? 1882

8. AGE: Years 69 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clothes Cutter

11. Industry or business Tailor - LeBow Bros.

FATHER
12. Name ? Israel Lieberman
13. Birthplace Russia

MOTHER
14. Maiden Name ? Rebecca
15. Birthplace Russia

16 (a) Informant Theodore Lieberman
(b) Address 2442 Reynolds Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23/47 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Rhoads Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North ave

19 (a) Date received by registrar MAR 25 1947 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 47, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1947, to Mar 22 1947, and that I last saw him alive on March 22 1947.

Immediate cause of death
Respiratory Failure
Secondary Failure
Due to Bronchial Asthma

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury REINMANN

23. Signature A. J. Krumbhaar, M.D.

Address Church Home Hosp Date signed 3/24/47

H. L. Wollenweber, M.D.
Asst. Med. Examiner - pro tem

F 78839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. X F 78839

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Oxford (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 North St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT EVERETT FISHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1856

8. AGE: Years	Months	Days	If less than one day
84	4	22	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Isaac Fisher

13. Birthplace Penna

MOTHER 14. Maiden Name Elizabeth Everett

15. Birthplace Penna

16 (a) Informant Earl Fisher

(b) Address Oxford Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 41 (month) (day) (year)

(c) Cemetery or crematory Oxford

Location Oxford Pa

18 (a) Funeral director C. C. Rogers

(b) Address Oxford Pa

19 (a) (Date rec'd by registrar) (b) Huntingtown Maryland, 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9 1941, to Mar 23 1941, and that I last saw h im alive on Mar 23 1941.

Immediate cause of death Bronchopneumonia and Respiratory and circulatory collapse — Duration

Due to Arteriosclerotic heart disease

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lakard M. D.

Address Union Memorial Hosp Date signed 3/28/41

16

F 78840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
46-B

F 78840
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 REIST RD.
(c) Hospital or institution:
MT. SINIA HOME 20-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. PULASKI ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME LAIB OWRUTSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOW

6 (b) Name of husband or wife HANNAH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation SHOE MAKER
11. Industry or business

FATHER
12. Name MEYER OWRUTSKY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name CELIA
15. Birthplace RUSSIA

16 (a) Informant MRS. A. RANDALL
(b) Address 1020 E. HOFFMAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-23-41 (month) (day) (year)
(c) Cemetery or crematory WASH. BLVD
Location SAME

18 (a) Funeral director Jack Sears Inc
(b) Address 1439 E. Balto St

MAR 23 1941 (Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-41 19 . at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19[illegible] to May 22 19[illegible], and that I last saw him alive on Mar 22 19[illegible].

Immediate cause of death Carcinoma of stomach — Duration 6 mons.

Due to

Due to

Other Conditions Acute cardiac dilatation — 2 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2020 Wilkens Ave Date signed 3-23-41

F 78841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78841 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & Monument St
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 3
(e) Length of stay in Baltimore (yrs., mos., or days) (

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 259 N Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.) 5 years

3 (a) FULL NAME Samuel Linaberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Reverand

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Next Friends
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Pont & Linwood Cem
Location Same

18 (a) Funeral director Jos. Levine Inc
(b) Address 1439 E. Balto St

19 (a) MAR 23 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22 1941, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1941, to 3/22 1941, and that I last saw him alive on 3/22 1941.

Immediate cause of death Acute Pulmonary Edema — Duration one week of acute illness

Due to Heart Failure & Uremia

Due to Arteriosclerotic Cardio-Vas. Renal Disease

Other Conditions Hypertrophic Arthritis Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Tonyakov M.D.
Address Sinai Hospital Date signed 3/22/41

F 78842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78842 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3444 Second St.
(c) Hospital or institution: Brookland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3444 Second St
Brookland (yrs.) Baltimore
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary F Mehrbrei

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Widow

6 (b) Name of husband or wife Michael A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22-1861

8. AGE: Years	Months	Days	If less than one day
79	2	26	hr. 28 min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Bates
13. Birthplace Pa

MOTHER
14. Maiden Name Mary
15. Birthplace Pa

16 (a) Informant Adam A Mehrbrei
(b) Address 3444 Second St

17 (a) Burial (b) Date thereof 3-24-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Bernard C. Hartle
(b) Address 121 E West St

19 (a) MAR 23 1941 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941, at 6:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular	
Due to disease	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Kelsch M.D.
Medical Examiner.
Date signed 3/21/41

F 78843

62803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 78843

Registered No. 62803

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mon. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Patcher St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

14-2

3 (a) FULL NAME Charles Short

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Addie

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1862

8. AGE: Years	Months	Days	If less than one day
79	2	19	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation OAP

11. Industry or business .....

FATHER
12. Name William Short
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna Sirms
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location .....

18 (a) Funeral director Geo. L. Kelso
(b) Address 1303 Preston

19 (a) ..... (Signature of Registrar)
(Date received) (Registrar's No.) Registrar

MAR 25 1941 VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1941, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941, to 3-20 1941, and that I last saw h[illegible] alive on 3-20 1941.

Immediate cause of death Carcinoma of the prostate & metastases — Duration 2

Due to ..... — Duration 1

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. **Date signed** 3-20-41

F 78844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 78844 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REBECCA SHAPIRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace: Russia

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Russia

16 (a) Informant: Laura Shapiro
(b) Address: 1313 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Phil Rd & Rowlys Lane

18 (a) Funeral director: Jos. C. Levy Inc
(b) Address: 1439 E. Balto St

19 (a) (Date received by local registrar) (b) (Registrar)

MAR 23 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Pneumonia, lobular — Duration
Due to: Fracture of left femur.
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 3-22-41
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury: slipped & fell to bottom of

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-22-41

F 78845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 78845

Registered No.

MARGIN, RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 928 Shields Place

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 928 Shields Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas E Dorsey.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1865

8. AGE: Years 76 | Months | Days | If less than one day hr. min. 73

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Josephine Carroll

(b) Address 928 Shields Pla

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 24 41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn cem

Location Baltimore Md

18 (a) Funeral director William a Jackson

(b) Address 916 Pennsa. ave

MAR 23 1941 (Date rec'd by registrar)

(b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 0 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941 to March 21 1941. and that I last saw him alive on March 1941.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address 1398 Druid Pk Date signed 3/24/41

78846

Leonard O Bossong

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 78846

Registered No.

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: City Hospitals 2611

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 601 N. East ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard O. Bossong

3 (b) If veteran, name war: Mexican War 1917

3 (c) Social Security Account No. 212-10-1278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife: Widowed

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Oct 1891

8. AGE: Years	Months	Days	If less than one day
49	6 5	–	hr. min.

9. Birthplace Little Neck Long Island N.Y.

(Town, county, and state)

10. Usual Occupation Smelter

11. Industry or business Copper

FATHER

12. Name Frank Bossong

13. Birthplace Germany

MOTHER

14. Maiden Name Matilda York

15. Birthplace New York

16 (a) Informant John L. Bossong

(b) Address 940 Bates Ave. Brooklyn N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24th 1941 (month) (day) (year)

(c) Cemetery or crematory Baltimore Lyn

Location E North Ave City

18 (a) Funeral director Leo G. Lepow

(b) Address 1701-03 N. Patty Park Ave

MAR 23 1941

(Date rec'd by registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21-1941, at 12 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Myocardial Degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Madden M.D.

Medical Examiner.

Date signed 3/24/41

78847

cc 30457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78847

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 N. Port St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hegel

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Max (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	1	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business At Home

FATHER
12. Name Caspar Fuchs
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Bishop
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road.

18 (a) Funeral director Lilly & Zaiser Inc.
(b) Address 403 S. Wolfe St.

MAR 23 1941 (Date rec'd by registrar)

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-1941, at 4 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-1938, to 3-22-1941, and that I last saw h[illegible] alive on 3-22-1941.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Hypertension & A.S. Ht. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balt. City Hosp. Date signed 3-22-41

F 78848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 78848
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland University Hospital 16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Violet Magee

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John D. Magee
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 22 - 1887

8. AGE: Years	Months	Days	If less than one day
54	-	-	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Home ✓
11. Industry or business

FATHER
12. Name John H. Keim
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sophia Talbott
15. Birthplace Balto., Md.

16 (a) Informant Mrs. John David Magee
(b) Address 2444 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25th 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2513 Edmondson Ave

19 (a) (Date received by Registrar) (b) Registrar

MAR 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 9 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1941, to Mar 22 1941, and that I last saw her alive on Mar 22 1941.

Immediate cause of death: Subarachnoid hemorrhage — Duration: 10 days
Due to: Hypertensive Cardio Vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo J. Gaver M. D.
Address Maryland University Hospital Date signed 3/24/41

F 78849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-aF 78849
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S. Payson St
(c) Hospital or institution:
20-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Payson St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Marley

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-6090

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Caroline R. Marley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 6-1860

8. AGE: Years 80 | Months 6 | Days 26 | If less than one day hr. min. 15

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Waverly Press

FATHER
12. Name George Marley
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Stewart
15. Birthplace Md.

16 (a) Informant Mrs. Caroline R. Marley
(b) Address 318 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof mar. 25-1941 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md.

18 (a) Funeral director George P. Schwartz
(b) Address 2101 Frederick Ave.

19 (a) [illegible] (Registrar) Waiting for Williams Reg.

MAR 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941, to March 21 1941, and that I last saw him alive on March 21 19 41.

Immediate cause of death: Hypostatic Pneumonia
Antecedent Influenza - Coronary
Antecedent Chronic Nephritis
Due to Coronary Thrombosis
Due to
Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert C. Hatch M. D.
Address 2151 Walbrook Ave Date signed 3/22/41

F 78850

OF 62969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 78850

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1518 N. Bethel Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gilbert ~~Union~~ Granadier

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3949

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
M	W	Sngl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1914

8. AGE: Years	Months	Days	If less than one day
26	8	15 25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation office work

11. Industry or business

FATHER

12. Name Joseph Granadier

13. Birthplace Maryland

MOTHER

14. Maiden Name Edna Kline

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md

18 (a) Funeral director Frederick C. Ely

(b) Address 1700 W. Lombard St.

MAR 23 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1941 at 7:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941 to 3-22 1941, and that I last saw him alive on 3-22 1941

Immediate cause of death	Duration
Tuberculous meningitis	2 wks.
Due to Renal tuberculosis	4 yrs.
Due to Pulmonary tuberculosis ?	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.

Address Baltimore City Hosp. Date signed 3-22-41

F 78851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78851 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 E. 33rd st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 E. 33rd st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

93

3 (a) FULL NAME Marie Winter

3 (b) If veteran, name war — NO
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or~~ divorced: Married
6 (b) Name of husband ~~or wife~~: Charles W Winter
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) June 1st 1863

8. AGE: Years	Months	Days	If less than one day
77	9	21	hr. min.

9. Birthplace: Danzig - Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Charles W. Winter
(b) Address: 706 E. 33rd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Woodlawn
Location: " Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

MAR 24 1941 (Date rec'd by Registrar) (b) Hunting for Williamsburg, Va.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22nd 1941, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to March 22 1941, and that I last saw him alive on January 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 30 minutes
Due to: Hypertensive Cardio Vascular Disease — 15 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Cook M.D.
Address 11 Eastern Ave Date signed 3/23/41

F 78852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 78852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME Caroline M Schwaab

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Fe | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Phillip J. Schwaab
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 20th 1857

8. AGE: Years: 83 | Months: 10 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business: At Home

FATHER
12. Name: ? Pfeiffer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Schandt
15. Birthplace: Germany

16 (a) Informant: Christine Starkey
(b) Address: 512 McCabe Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Balto
Location: Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

MAR 24 1941 (Date rec'd by Registrar) (b) Huntington Ave Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 5½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~Autopsy or~~ Inquiry find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death: Fracture, ~~of~~ femur, Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 3/6/41
(c) Where did injury occur? 1103 N Eden St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fell & stool-hanging clothes

23. Signature: [illegible] M.D. (Medical Examiner.)
Date signed 3/23/41

F 78853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 78853

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 219 E. 33rd St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: CHARLES JOHN HEINEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Heineman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8-1866

8. AGE: Years	Months	Days	If less than one day
75	1	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Drugs

FATHER — 12. Name John Heineman

13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name — Miller

15. Birthplace Baltimore Md

16 (a) Informant Emma Heineman

(b) Address 219 E 33rd st-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 24/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore

18 (a) Funeral director Chas. E. Doman

(b) Address 58 E Madison Ave

19 (a) (Date received by Registrar) (b) Signature of Registrar

MAR 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 7-20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1941, to 3-21 1941, and that I last saw h[illegible] alive on 3-21 1941.

Immediate cause of death Respiratory failure — Duration: 8 hrs.

Due to Cerebral Hemorrhage

Due to Arteriosclerosis and Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Herbst, Jr. M. D.

Address Union Memorial Hosp. Date signed 3-21-41

F 78854

HEALTH DEPARTMENT—CITY OF BALTIMORE

78854

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry J. Wolf

(a) Residence: No. 3116 E Monument St., Ward.

(Usual place of abode)

Social Sec # 216-01-2715

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence A Wolf.

6. DATE OF BIRTH (month, day, year) May 4-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Rubber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry J Wolf Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Beckman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence A Wolf

(Address) 3116 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Lot 11 E Cemetery Date March 25 1941

19. UNDERTAKER John Ellis

(Address) 2108 Eutaw

20. FILED MAR 24 1941 Inventory to follow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1941, to March 21, 1941.

I last saw him alive on March 21, 1941. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
d	

Other contributory causes of importance:

arteriosclerotic Cardio-vascular disease

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L Wallenstein M. D.

(Address) 1139 W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 78855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78855 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto md
(b) Street address 144 N Milton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 144 N Milton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F Dorgan

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret Dorgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1862

8. AGE: Years	Months	Days	If less than one day
78	3	20	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Ship Sealer
11. Industry or business retired

FATHER
12. Name Gustav Dorgan
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Mrs Irvin H Dorgan
(b) Address 144 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (b) Registrar

Date of this report MAR 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th 1941, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12th 1941, to 3/20th 1941, and that I last saw h[illegible] alive on 3/20th 1941.

Immediate cause of death Pulmonary Edema — Duration 1 Dy

Due to Chronic Myocarditis & Arteriosclerosis — 2,

Due to — 2,

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Tankersley, M. D.
Address 119 N. Milton Ave. Date signed 3/22/41

F 78856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 78856
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 156 N. Lakewood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 156 N. Lakewood Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FLORENCE ELIZABETH BIRCKHEAD

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Stephan J. Birckhead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1864

8. AGE: Years	Months	Days	If less than one day
76	9	17	2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael Dull
13. Birthplace Bavaria

MOTHER
14. Maiden Name Mary E. Colens
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Emma C. Birckhead
(b) Address 156 N. Lakewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 802 E. Lexington St. Huntington Williams, M.D.

19 (a) (b) Registrar

JAN 24 1947

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/1941, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1940, to 3/24 1941, and that I last saw h[illegible] alive on 3/24 1941.

Immediate cause of death: Diabetes mellitus — Duration 4 yr.
Due to:
Due to: Malnutrition — Duration 1 yr.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Of autopsy: X

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: X
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) X While at work?
(e) Means of injury: X

23. Signature H. C. Grant M. D.
Address 3707 Garrison Blvd Date signed 3/24/41

F 78857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 78857

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 700 N. Arlington Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 700 N. Arlington Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances L. Bonne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. Bonne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10. 1907

8. AGE: Years 38 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Grantt

13. Birthplace Md

MOTHER 14. Maiden Name Jane Lee

15. Birthplace Md

16 (a) Informant Wm. Bonne

(b) Address 700 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md

18 (a) Funeral director Mrs. Frances A. Hender

(b) Address 578 N. Bridge St.

19 (a) (Inspector's or registrar) (b) Entering the Within

MAR 24 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940. to March 21 1941. and that I last saw him alive on March 20 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph J. Gurney

Address 1429 E Monument St Date signed 3/22/41

F 78858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 78858

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1624 Mc Culloh St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Colbert

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 3 - 1895

8. AGE: Years	Months	Days	If less than one day
46	0	15	hr. min.

9. Birthplace Galveston Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Benny Tannes

13. Birthplace Virginia

MOTHER 14. Maiden Name Louise Allen

15. Birthplace Virginia

16 (a) Informant James Colbert

(b) Address 1624 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)

(c) Cemetery or crematory Galveston

Location Galveston Va.

18 (a) Funeral director Archibald A. Gaddis

(b) Address 2101 Mc Culloh St

Filed [illegible] (b) Huntington Williams M.D. (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 18 1941, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1941, to 3-18 1941, and that I last saw her alive on 3-18 1941.

Immediate cause of death: Diabetic Coma

Due to: Diabetes Mellitus

Due to:

Other Conditions: Organic Cyst.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Organic Cyst.

Duration: 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Mynsander M. D.

Address Provident Hospital Date signed 3-21-41

F 78859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-F

F 78859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED: Address of Family
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Belt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl V Luber (not named) BIRTH-F 7514

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12 1941

8. AGE: Years	Months	Days	If less than one day hr.	min.
—	—	11		

9. Birthplace University Hospital (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Oliver Eugene Luber
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Shaw
15. Birthplace Masonville, Md.

16 (a) Informant Mrs Oliver E Luber
(b) Address 1631 Belt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) (Date received) (b) Registrar Penalty for Withholding Data

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-41 19 to 3-23-41 19, and that I last saw her alive on 3-23-41 19.

Immediate cause of death Congenital Cardiac Disease — Duration —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. K. B. E. Deegan, Jr. M.D. M. D.
Address University Hospital Date signed

VS 3

F 78860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Kirk Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. John H. Ernst.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/29/99

8. AGE: Years	Months	Days	If less than one day
41	6	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Paperhanger.

11. Industry or business —

FATHER
12. Name John W Ernest
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Bradekamp
15. Birthplace Balto md

16 (a) Informant Hospital Chart (Mrs E Betz)
(b) Address 8 W Oatend

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location W. Balto St

18 (a) Funeral director Williams M Marsh
Address 715 Light St

19 (a) 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22/1941 to 3/23 1941, and that I last saw h/M alive on 3/23 1941.

Immediate cause of death Coronary Thrombosis — Duration 3 days.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James O. Kerr
Address Bon Secours Hospital Date signed 3/23/41

F 78861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

F 78861 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dob
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 E Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN J BMcCULLOUGH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary L McCullough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29, 1899

8. AGE: Years	Months	Days	If less than one day
41	11	23	hr. min.

9. Birthplace Helena, Ga (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business B & O. Railroad

FATHER
12. Name John W. McCullough
13. Birthplace Georgia

MOTHER
14. Maiden Name Linnie C Bradley
15. Birthplace Georgia

16 (a) Informant Wife Mary L McCullough
(b) Address same address

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Mar 24/41 (month) (day) (year)
(c) Cemetery or crematory
Location Tennille Ga

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 41, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Crushing of abdomen	
Due to	
Other Conditions Fracture, left tibia & fibula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 22, 1941
(c) Where did injury occur? Baynes Yard (City or town) Richmond (County) B & O (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Run over by railroad car

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-22-41

fell from car

F 78862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-D

F 78862

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Harwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Harwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Albert Boyden Jr

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Margaret Doud Boyden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1888

8. AGE: Years	Months	Days	If less than one day
52	3	6	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Mechanical Engineer
11. Industry or business Poole & Hunt Co.

FATHER
12. Name George A. Boyden
13. Birthplace Altoona Pa.

MOTHER
14. Maiden Name Harriett V. Galloway
15. Birthplace Md.

16 (a) Informant Family of Deceased
(b) Address 608 Harwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-4-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 24 1941 (b) Washington Ninth District, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21st 1941, at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to 3/21 1941, and that I last saw ~~him~~ alive on 3/21 1941.

Immediate cause of death: Chronic Valvular Heart disease — Duration: years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2020 N. Charles Date signed 5/23/41

78863

F 78863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 E. Preston Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 E. Preston Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 1

3 (a) FULL NAME LAURA C. MORGAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John L. Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 12, 1859

8. AGE: Years 81 | Months +3 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Wm. Henry Harrison
13. Birthplace: Ellicott City, Md.

MOTHER
14. Maiden Name: Mary E. Williams
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mr. Elmer E. Harrison
(b) Address: 919 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) MAR 24 1941 (Date received by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to March 21 1941, and that I last saw h[illegible] alive on March 21 1941

Immediate cause of death: Chronic Myocarditis — Duration: 2 years
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature [signature] M. D.
Address 5106 Roland Rd Date signed 3-22-41

F 78864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 63-B

Registered No. F 78864

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Strathmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Helmer (Agnes Catherine Helmer)

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Julius Helmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1916

8. AGE: Years 24 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo. W. Claus
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ada Ritemeyer
15. Birthplace Balto. Md.

16 (a) Informant Mr. Charles J. Helmer
(b) Address 2602 Strathmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-31 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem.
Location Parkville, Md.

18 (a) Funeral director Wm. J. Dickerson Sons
(b) Address Dorchester, Mass.

19 (a) MAR 24 1941 (Date rec'd by registrar) (b) Registrar Wilson H. Miller, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1941, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941, to March 20 1941, and that I last saw h alive on March 20 1941

Immediate cause of death Hypostasis

Due to Lipiodol Diffuse Goiter

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Diffuse toxic Goiter

Of autopsy

Duration: 2 yrs | 2 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad L. Richter

Address St. Joseph's Hosp. Date signed 3/20/41 M. D.

F 78865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78865
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Roland & Melrose Avenues
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 MO.
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Anne Arundel Co.
(c) City or town: Arnold (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: ELIZABETH THOMSON BRIGGS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Wm. B. Briggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 16, 1855

8. AGE: Years	Months	Days	If less than one day
85	11	6	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Wm. Thomson
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden Name: Mary E. Delano
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Jessie Lazenby
(b) Address: Arnold, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) Date received by registrar (b) Registered number

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22, 1941, at 2.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 1941, to 3-22 1941, and that I last saw her alive on 3-21 1941.

Immediate cause of death: CARCINOMA ARTERIOSCLEROSIS — Duration: 3+ YRS.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: John A. Dorsey M. D.
Address: 129 St. Paul St. Date signed 3-23-41

F 78866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 78866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 Walbrook Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Walbrook Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15th

3 (a) FULL NAME SARAH J. STUART

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. W. Stuart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1851

8. AGE: Years 89 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace: Wisconsin
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Joseph Scribner
13. Birthplace: Conn.

MOTHER
14. Maiden Name: Olive White
15. Birthplace: New York

16 (a) Informant: Mrs. Jennie Anderson
(b) Address: 2112 Walbrook Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/24/41 (month) (day) (year)
(c) Cemetery or crematory: Rock Creek,
Location: Washington, D. C.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Pallbearers

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1941, at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1940, to March 22 1941, and that I last saw her alive on 3/22 1941.

Immediate cause of death: Uraemia Nephritis — Duration:
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions: Uraemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel J. Schwartz, M. D.
Address 2301 Harlem Ave Date signed 3/22/41

FORM VS-A 1941

F 78867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 78867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: C. H. Fankhanel - Conrad H. Fankhanel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Martha Todd (nee Johnson)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct. 2, 1867
8. AGE: Years 73 Months 5 Days 20 If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business:

FATHER
12. Name: Henry (?) Fankhanel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbara Lahr
15. Birthplace: Germany

16 (a) Informant: Mrs. Martha Todd Fankhanel
(b) Address: 1321 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41. (month) (day) (year)
(c) Cemetery or crematory: Baltimore City
Location: North Ave. & Gay St.

18 (a) Funeral director: Harry H. Whitelee
(b) Address: 4101 E. Monument Ave.

19 (a) (Date rec'd by Registrar) Awaiting for Notification

MAR 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1941, at 1.02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1941, to 3-22 1941, and that I last saw him alive on 3-22 1941.

Immediate cause of death: Arteriosclerotic cardiovascular disease with hypostatic pneumonia
Duration:
Due to (b) Cerebral Apoplexy
Due to (c)
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. J. Coffman, M. D.
Address: Md. General Hosp. Date signed: 3/22/41

F 78868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93+D

F 78868 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave at Linden.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Milford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Samuel Frank Gosnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lucy Virginia Gosnell

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1855

8. AGE: Years 85 | Months 4 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Perry Gosnell
13. Birthplace Scotland

MOTHER
14. Maiden Name Susan Brown
15. Birthplace England.

16 (a) Informant Daughter - Mrs Leah Birkhead
(b) Address 3710 Milford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzfe
(b) Address 4101 Edmondson Ave

MAR 24 1941 (Date received by Registrar) Hunting for Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 9.47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to Mar 21 1941, and that I last saw him alive on Mar 21 1941.

Immediate cause of death: Cardiac failure — Duration

Due to Arteriosclerotic cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William K. Thompson M. D.
Address Md. General Hosp. Date signed 3/21/41

F 78869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

F 78869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Belvedere Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Belvedere Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Mary Muir Sell

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles P. Sell

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 4-1862

8. AGE: Years 78 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Glasgow, Scotland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name James S. Muir
13. Birthplace Glasgow, Scotland

MOTHER
14. Maiden Name Mary Todd
15. Birthplace Glasgow Scotland

16 (a) Informant Mrs. James P. Meyers (Daughter)
(b) Address 3301 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory St. Peters & Pauls
Location Cumberland, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. Mowen Sucs.) 108 W. North Avenue

19 (a) MAR 24 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1941, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to Mar 23 1941, and that I last saw h/w alive on Mar 21 1941.

Immediate cause of death: Pneumonia & Hemorrhage Bladder. — Duration: 1 year.
Due to
Due to
Other Conditions: Cardiac-decomp. Senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Dieterich, M.D.
Address 24 & W 3rd St. Cumb. Md. Date signed 3/24/41.

F 78870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 SOuth Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Chester Pisarek (Or) Ceslaw Pisarek

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6836

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Margaret Pisarek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13-1888-?

8. AGE: Years	Months	Days	If less than one day
52	8	10	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Pipe Moulder
11. Industry or business Weiskittel Co Inc

FATHER
12. Name Martin Pisarek
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Kreska
15. Birthplace Poland

16 (a) Informant Mrs. Laura Borowski (Daughter)
(b) Address 234 S.Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Geo. A Weber
(b) Address 705 South Ann Street

19 (a) (Date rec'd by registrar) (b) Registrar Hunter-Lee Williams, M.D.

MAR 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23/41 19 at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941, to 3/23 1941, and that I last saw him alive on 3/23 1941.

Immediate cause of death	Duration
Cardio resp failure	
Due to Pulmonary edema & Fatal Stasis-ATELECTASIS	
Due to Intrauterine obstruction	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel V. Tompkins M.D.
Address Sinai Hospital Date signed

78871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 N. Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Granger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1859

8. AGE: Years 81 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James M. Granger
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha A. Hopkins
15. Birthplace Baltimore Md

16 (a) Informant Annie M. Granger
(b) Address 1412 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry A. Amacost
(b) Address 4204 Ridgewood Ave Washington Heights, Md.

19 (a) Date received MAR 24 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 23 1941, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to Mch 1941, and that I last saw h alive on Mch 23 1941.

Immediate cause of death Bronchopneumonia — Duration 3 da.
Due to
Due to
Other Conditions Cystitis. Anaemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Chas F Blake M. D.
Address 70 E Preston Date signed Mch 24 41

F 78872
OF 64253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 78872
54-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 560 Robert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Washington

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1877

8. AGE: Years	Months	Days	If less than one day
63	10	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation on welfare
11. Industry or business

FATHER
12. Name Henry Nutt
13. Birthplace ?

MOTHER
14. Maiden Name Charlotte Mullin
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3 Schroeder St

19 (a) MAR 24 1941 (Date rec'd by registrar) (b)

VS 2

Thursday

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7- 1941, to 3-22-1941 and that I last saw h[illegible] alive on 3-22-1941

Immediate cause of death: Pericarditis — Duration ?
Due to: Purulent [illegible] Staphylococcus aureus — Duration ? ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt. City Hosp. Date signed 3-23-41

78873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a ✓ Registered No. F 78873

PLEASE TYPE OR PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please correct and supply especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2659 Delaney St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2659 Delaney St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Muller Jr.

3 (b) If veteran, name war: Spanish American

3 (c) Social Security Account No. 214-03-5636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	Wht.	Separated

6 (b) Name of husband or wife Frances Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1873

8. AGE: Years	Months	Days	If less than one day
67	6	18	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Standard Gas Equip. Co

FATHER
12. Name Frederick Muller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frederick Muller Jr
(b) Address 2659 Delaney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mc Neal John W. Teufel & Son
(b) Address 801 W. Lafayette St

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fracture, skull
Intracranial Injury — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/21/41
(c) Where did injury occur? 2659 Delaney St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down stairs

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/24/41

VS 6

64502-FD
F 78874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92B

F 78874 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Bunnell Ct. BRANNAN (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Hester Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-31-1906

8. AGE: Years	Months	Days	If less than one day
34	9	17	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Solomon Jones
13. Birthplace N.C.

MOTHER
14. Maiden Name Eliza.
15. Birthplace N.C.

16 (a) Informant D.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL MAR 24 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Inc.

19 (a) MAR 24 1941 (Date received by registrar) (b) Registrar
(835)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 10 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1941, to 3-18 1941, and that I last saw h[er] alive on 3-18 1941.

Immediate cause of death	Duration
Pulmonary edema	72hrs
Due to (Chron?) Aortic insufficiency ? Mitral stenosis	?
Due to Rheumatic heart dis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-21-41

F 78875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 78875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 days
(e) Length of stay in Baltimore (yrs., mos., or days): 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 640 Lee St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Leonard Johnson

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 218-03-6139

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Odd Jobs

11. Industry or business:

FATHER
12. Name: Caleb Johnson
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Mary Lou Johnson
15. Birthplace: North Carolina

16 (a) Informant: Leonard Johnson
(b) Address: 640 Lee St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: UNIVERSITY MEDICAL SCHOOL MAR 24 1941
Location: Commissioner of Health

18 (a) Funeral director: Per H. A. Moore
(b) Address: Huntingtown, Williamsport, Md.

19 MAR 24 1941 (b) (Date rec'd by registrar) Registrar

6851

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-18 1941, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1941, to 3-18 1941, and that I last saw him alive on 3-18 1941.

Immediate cause of death	Duration
Lobar Pneumonia.	
Due to: Congestive Heart Failure.	
Due to: Pulmonary Edema.	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. H. Leland M. D.
Address: Hospital Date signed: 3/20/41

F 78876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 78876

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Patapsco Ave. Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM KOERBER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-9878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Frances E. Koerber

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1881

8. AGE: Years	Months	Days	If less than one day
60	1	10	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Pan American Oil Co

FATHER
12. Name Anthony Koerber
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Frances Koerber
(b) Address 131 E. Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Anne Arundel Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 8:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 1 year

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-26-41

78877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6 F 78877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES EDWARD VIERECKT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1879

8. AGE: Years	Months	Days	If less than one day
61	11	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Viereckt
13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Katherine Viereckt
(b) Address 606 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave & Loree St

18 (a) Funeral director Charles P. Schimmel
(b) Address 2601-03 E. Madison St

19 (a) (Date rec'd by registrar) (b) Hunter Ferguson Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 12:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 3-24-41

78878

CC 63843 BALTIMORE CITY HEALTH DEPARTMENT ✓ F 78878

CERTIFICATE OF DEATH 479

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 541 N. Carrollton st. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Kane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary Phillips Kane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business City

FATHER

12. Name Cornelius J. Kane

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Stallings

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral Location Old Frederick Rd

18 (a) Funeral director Chas. J. Kane

(b) Address 1600 Hoffman St.

MAR 24 1941 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 5 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1941 to 3-22 1941 and that I last saw him alive on 3-21 1941

Immediate cause of death	Duration
Metastatic carcinoma of brain	2
Due to Carcinoma of lung	4-5 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp. Date signed 3-22-41 M. D.

F 78879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78879 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 E Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie O. Lehristy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12th 1869

8. AGE: Years 71 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Henry Steinhel
13. Birthplace Penna

MOTHER
14. Maiden Name Leah Wise
15. Birthplace Penna

16 (a) Informant Mrs Mary E Christy
(b) Address 2303 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24th 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lem
Location E North Ave Ext

18 (a) Funeral director Leo G. Leook
(b) Address 1701-03 N Patt Park Ave

(a) Registered by Registrar MAR 24 1941 (b) Huntington Woods, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 21 - 1941, at 8th P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1941, to 3/ 1941.
and that I last saw h W alive on 3/19 1941.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Ch Sclerosing coronary Vessels.

Due to Ch Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Homstein M. D.
Address 733 Aisquith St Date signed 3/24/41

F 78880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 78880

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 St. Paul St.
(c) Hospital or institution: Baltimore City
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Custis. W. Woolford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Widowed

6 (b) Name of husband or wife Mary Gale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19/ 1859

8. AGE: Years	Months	Days	If less than one day
81	5	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas C. Woolford
13. Birthplace Maryland

MOTHER
14. Maiden Name Abbie Woolford
15. Birthplace Maryland

16 (a) Informant Chas. M. Woolford
(b) Address 109 Longwood Rd.

17 (a) Burial (b) Date thereof March 24/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Bredrick Road.

18 (a) Funeral director Chas. Carmichael Sons Funeral Home
(b) Address 1900 Eutaw Place

19 MAR 24 1941 (b) Hunter Williams M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to March 21 1941, and that I last saw h alive on March 21 1941.

Immediate cause of death Coronary occlusion — Duration Sudden

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Delany Thomas M. D.
Address Medical Arts Bldg. Date signed

Wm. Delaney Thomas

F 78881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 99

Registered No. 28881

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 W. Franklin St.
(c) Hospital or institution: Rochambeau Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PETER STEVENS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Iola Benson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23. 1849

8. AGE: Years	Months	Days	If less than one day
91	2	29	hr. min.

9. Birthplace Oxford Md. (Town, county, and state)
10. Usual Occupation Deputy Clerk City Court
11. Industry or business

FATHER
12. Name Edward J. Stevens
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Markland
15. Birthplace Md.

16 (a) Informant Wm C. Stevens
(b) Address 69-26 Dartmouth St. Forest Hills Long Island

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March 25. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAR 24 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22. 1941 19 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941. to March 22 1941. and that I last saw h[illegible] alive on March 22 1941.

Immediate cause of death: Acute Dilatation of Heart.
Due to Senility and
Due to Shock of operation
Other Conditions Fracture of neck of left femur.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Amputation of left leg / Fracture of hip.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Kopplemann M. D.
Address Walbert Apts. Chas & Lafayette Sts.

F 78882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 78882 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Augustaoskas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-8627

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Brigita

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	19	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Kazimier Augustaoskas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Brigata Augustaoskas
(b) Address 2809 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Rd.

18 (a) Funeral director Joseph Rasperich Inc.
(b) Address 662 Washington Blvd
(c) [illegible] (Registrar)

MAR 24 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 1:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractures of skull, legs and r. arm

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/23/41 25-2
(c) Where did injury occur Lexington Blvd near Dukeland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Automobile-struck by car

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/23/41

3947825 3947883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 102

F 78883
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Barnes (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myra Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1904

8. AGE: Years 36 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Harry Stanley
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz Turner
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Asbury Evergreen Cem.
Location Balto. Md.

18 (a) Funeral director Joseph D. Locke, Jr.
(b) Address 1344 N. Central Ave

19 (a) 3-24-1941 (b) [illegible] (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1941 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1941, to Mar 22 1941, and that I last saw h[illegible] alive on Mar 22 1941.

Immediate cause of death: Uraemia — Duration 3-10-41 to 3-22-41

Due to: Malignant Hypertension

Due to:

Other Conditions 14-16 wks Pregnancy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Specht
Address J. H. H. Date signed 3/25/41

VS 3

F 78884 394732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 f

F 78884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Veney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-75

8. AGE: Years	Months	Days	If less than one day
65	6	25	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name
13. Birthplace VA

MOTHER
14. Maiden Name Agnes Diggs
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. A. County. Md

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1314 N. Central Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAR 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 21 1941, at 10.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR-18 1941 to MAR 21 1941, and that I last saw her alive on MAR 21 1941.

Immediate cause of death Uremia — Duration

Due to Renal failure & hepatic failure

Due to Carcinoma of Gall Bladder

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Date of autopsy Carcinoma of Gall Bladder & Carcinomatosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus H. Rawls
Address J. H. H. Date signed 3-24-41

Le Kerfgin: 4331 Harford Ave: 6-8 P.M.

78885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 av

Registered No. E 78885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 Park Ave:
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Daley Barton

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ____
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 23-1859

8. AGE: Years	Months	Days	If less than one day
82	1	26	hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Sweed
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name ~~Laural~~ Julia Penta
15. Birthplace Baltimore Md

16 (a) Informant Laural G. Barton
(b) Address 1916 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto. Maryland

18 (a) Funeral director Charles G. Black
(b) Address 742 W. North Ave

19 (a) Filed MAR 24 1941 (b) Signature of Registrar ____

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21/41 19 ____, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 39 to 3/21 19 41
and that I last saw h[illegible] alive on 3/20 19 41

Immediate cause of death: Cerebral Hemorrhage
Duration: 1941 1939

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature [illegible]
Address 4331 Harford Date signed 3/24/41

F 78886 OF 64598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-a

F 78886 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, 24, 1880

8. AGE: Years	Months	Days	If less than one day
60	7	28	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation days work
11. Industry or business

FATHER
12. Name Thomas Maddox
13. Birthplace Md.

MOTHER
14. Maiden Name Anna
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 25 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Comm
Location Balto
18 (a) Funeral director Lotus Gross
(b) Address 1708 Ashland ave
19 (a) Mar 24 1941 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1941, at 1.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1941, to 3-22 1941, and that I last saw her alive on 3-22 1941

Immediate cause of death	Duration
Intestinal obstruction	1 wk.
Due to Strangulated Umbilical hernia	3 wks.
Due to Gangrene of ileum	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-21-41
Major findings of operation As above
of autopsy Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gibbs Jr.
Address Baltimore City Hosp. Date signed 3-25-41 M. D.

1C F 78887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-2 F 78887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3632 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 3632 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3

3 (a) FULL NAME Margaret Burns Morrissey

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J. Morrissey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1859

8. AGE: Years	Months	Days	If less than one day
82	1	29	hr. min.

9. Birthplace Maryland (Warren)
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Patrick Burns
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rt. Rev. Chas. Morrissey
(b) Address St Ann's Rectory

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M. Fairfield
(b) Address 501 E 22nd St

19 (a) (Date rec'd by registrar) MAR 24 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/41 19 , at 2:40 P.M.

21. I certify that death occurred on the date above stated, at the hour stated, of the disease and cause specified, and that I attended deceased from 2/22 1941, to 3/24 1941, and that I last saw h. alive on Mar. 21 1941.

Immediate cause of death: Pneumonia — Duration: 16 Hours

Due to: over

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

3/24/41 2:40 P.M.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Morrissey M.D.
Address 3/25/41 Date signed

VS 3

78888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B V F 78888 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Ground Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Ground Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. Charles Carroll

3 (b) If veteran, name war 1918 Wars

3 (c) Social Security Account No. 212-10-5884

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Marie Carroll

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 16 - 1898

8. AGE: Years 42 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Dept - City Street Railway

FATHER
12. Name Charles Carroll
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Baltimore Md

16 (a) Informant Miss Mary Carroll
(b) Address 1139 Ground Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director J. Leemans & Son
(b) Address 32 S. Broadway

19 MAR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1941, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy + Inquiry and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Mitral Stenosis — Duration

Due to

Due to Chronic Rheumatic Fever

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Mendeson M.D.
Medical Examiner.

Date signed 3-24-41

VS 6

78889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a E 78889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 52 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Elmer Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-2603

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Rosie Ferguson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1900

8. AGE: Years	Months	Days	If less than one day
41	1	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffeur - Truck Driver
11. Industry or business Canton Ice Co

FATHER
12. Name William Ferguson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Carroll
15. Birthplace Baltimore

16 (a) Informant Ralph E. Roberts
(b) Address 1032 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 402 North Mount St

19 MAR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 7:32 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said ex (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. VanderGrift M.D.
Medical Examiner.
Date signed

78890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 78890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Hosp. 617 W. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Patrick Ellis. Buth F 5386

3 (b) If veteran, name war
3 (c) Social Security Account No. [redacted]3

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 22, 1941

8. AGE: Years	Months	Days	If less than one day
			20 hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name Harry J Ellis.
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth A Ewert.
15. Birthplace Md

16 (a) Informant Father.
(b) Address 617 W. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25 41 (month) (day) (year)
(c) Cemetery or crematory Baltoh Cem.
Location North Ave.

18 (a) Funeral director Clemmey & Dempsey
(b) Address 360-W Lakewood Ave.

19 MAR 24 1941 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1941. 5:0 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1941, to 3/24 1941, and that I last saw him alive on 3/24 1941.

Immediate cause of death: Lobar pneumonia
Due to Cerebral Hemorrhage
Due to Circulatory Failure
Other Conditions Viral

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. B. Bed M. D.
Address Mercy Hospital Date signed 3/24/41

78891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 78891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw & Lanvale

(c) Hospital or institution: Balto Eye Ear & Throat Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3718 Elm Ave. (If rural give location)

13-9

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Samuel Pegler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Mary E. (Franklin)

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 26/66

8. AGE: Years	Months	Days	If less than one day
74.	11	26	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Painter.

11. Industry or business Carpenter.

FATHER 12. Name Michael Pegler.

13. Birthplace Germany.

MOTHER 14. Maiden Name Eva Duff.

15. Birthplace Germany.

16 (a) Informant Gorman Pegler.

(b) Address 3718 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25/41 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. Mary's

Location Hampden,

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Chestnut Ave

19 (a) MAR 24 1941 Washington, D.C.

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941, to March 22 1941, and that I last saw h[illegible] alive on March 22 41

Immediate cause of death	Duration
(1) Bronchopneumonia	5 days
Due to (2) Pyo. cerebral conduct	?
(3) Arteriosclerosis	
Due to Cardiovascular Disease	?
Other Conditions Cataract OD	
Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cataract OD

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Abram J. Moffett

Address 1214 Eutaw Pl Date signed 3/22/41 M. D.

VS 3

28892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-C Registered No. B 28892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 442 Elrino St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Baby Girl Prill — Birth F 25351

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) mar. 17, 1941

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Prill
13. Birthplace

MOTHER
14. Maiden Name Anna Waldo
15. Birthplace

16 (a) Informant John Prill
(b) Address 442 Elrino St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory At Jos. Hall Dept
Location

18 (a) Funeral director
(b) Address

19 (a) MAR 24 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 7:35P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to March 17 1941, and that I last saw her alive on March 17 1941.

Immediate cause of death	Duration
Anacephalic Monster	
Due to Hydramnios (Mother)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Pyrmont M.D.
Address St. Joseph's Hosp Date signed 3-20-41

Hobbs

78893 Hobbs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 78893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution:
St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days) 16yrs,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Beechland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James E Hotts.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Susan R. Hotts
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1858

8. AGE: Years 82 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer Retired

11. Industry or business

FATHER: 12. Name Thomas Hotts
13. Birthplace Maryland

MOTHER: 14. Maiden Name Mary Day
15. Birthplace Maryland

16 (a) Informant Mrs. Thomas J. Stowe
(b) Address 2825 Beechland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25, 1941 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem.
Location Ellicott City Howard Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 MAR 24 1941 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1941, to 3/22 1941, and that I last saw him alive on 3/22 1941.

Immediate cause of death: Rupture uretic duct
Chronic nephritis — Duration 7 da

Due to .....

Due to .....

Other Conditions Senility
Lobar pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Abscess in gall bladder area.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature Mary Kilmerman M. D.
Address St Josephs Hosp Date signed 3-22-41

78894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

/108 Registered No. E 78894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 -
(e) Length of stay in Baltimore (yrs., mos., or days) 35-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5405 - Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel O'Keefe

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Widow

6 (b) Name of husband or wife Jessie W. O'Keefe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/25/1877

8. AGE: Years	Months	Days	If less than one day
63	11	28	hr. — min.

9. Birthplace Louisville, Kentucky
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Carroll
13. Birthplace Kentucky

MOTHER
14. Maiden Name ? Miles
15. Birthplace Kentucky

16 (a) Informant Mrs. Daniel T. Ballman
(b) Address 5405 - Maryland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore
18 (a) Funeral director George D. Kirk & Son
(b) Address 335 - Washington Ave
19 (Registrar's signature) MAR 24 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1941, at 3:15 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-21-1941, to 3-23-1941, and that I last saw h[illegible] alive on 3-23-1941.

Immediate cause of death Intestinal obstruction — Duration

Due to Cholelithiasis and chronic cholecystitis

Due to Cholecystoduodenostomy (Gastroenterostomy)

Other Conditions Pneumonia, at apex, LOBAR

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kilmenon M. D.
Address [illegible] Date signed 3-24-41

VS 3

78895 St. Francis - Cancer [illegible] F 78895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 2816 Montebello Terrace
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Montebello Ter. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christine E. Hirt

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Hirt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1889

8. AGE: Years	Months	Days	If less than one day
51	3	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Ranuska
13. Birthplace Bohemia

MOTHER
14. Maiden Name Josephine Hanglik
15. Birthplace Bohemia

16 (a) Informant Robert Hirt
(b) Address 2816 Montebello Terr

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 25/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St

19 MAR 24 1941 (Date received by registrar) Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 4:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to March 22 1941, and that I last saw h alive on 19.

Immediate cause of death	Duration
Uraemic Coma	3/19/41
Due to Chronic Nephritis	1/5/40
Due to Arteriosclerosis	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rydaner M. D.
Address 801 E Lanvale St Date signed 3/24/41

78896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 78896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 261 S. Hilton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH O SCHINDLER.

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margaret A
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.): March 2, 1897
8. AGE: Years 44 | Months 0 | Days 21 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Retired Tavern keeper
11. Industry or business: own business

FATHER
12. Name: Aloia Schindler
13. Birthplace: Germany

MOTHER
14. Maiden Name: Rosa Koeder
15. Birthplace: Germany

16 (a) Informant: Mrs Margaret A Schindler
(b) Address: above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Frederick Rd.

18 (a) Funeral director: Margaret B Flynn
(b) Address: 142 E Eight St.

MAR 24 1941

19 Authorized by Registrar (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 6 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to
Due to
Other Conditions: Cerebral hemorrhage old, left frontal lobe
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed

78897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 78897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4709 Homer Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Ba
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4709 Homer Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Elizabeth Kraft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1875 1865

8. AGE: Years	Months	Days	If less than one day
75	5	21	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert F. Vanskiver
13. Birthplace Unknown

MOTHER
14. Maiden Name Rebecca Morgan
15. Birthplace Unknown

16 (a) Informant Thomas Kraft
(b) Address 1707 Ramsey St.

17 (a) (Burial, cremation, removal) (b) Date thereof (month) (day) (year) 3/25

(c) Cemetery or crematory Westlen Cemetery
Location Edmondson Ave

18 (a) Funeral director Geo. H. Lembach
(b) Address 525 W. Lyndhurst St

19 MAR 24 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941, to March 22 1941, and that I last saw h alive on March 22 1941.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Hypertensive Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Gertman M.D.
Address 1647 N. Washington St. Date signed 3/24/41

78898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 78898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004. Eastern ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) c
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy.

3 (a) FULL NAME Theresa. Ferraro

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Vincent. Ferraro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9 1874

8. AGE: Years 84. | Months | Days | If less than one day hr. min.

9. Birthplace Italy.
(Town, county, and state)

10. Usual Occupation House Work.

11. Industry or business Home. Wife

FATHER
12. Name Parrillia. Ferrara.
13. Birthplace Italy

MOTHER
14. Maiden Name unknown
15. Birthplace Italy

16 (a) Informant Charles. Ferraro
(b) Address 1004. Eastern ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beladir Road

18 (a) Funeral director Wendell Hippel
(b) Address 31 S. Highland ave

19 (a) (Date rec'd by registrar) MAR 24 1941 (b) Huntington Williamson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to March 22 1941
and that I last saw h alive on March 22 1941

Immediate cause of death: Senile Myocarditis — Duration: 2 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph C. Volpe M D
Address 6 N. Broadway Date March 24 1941

VS 3

F 78899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Harford Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Carrie B. Bromwell

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Columbus

6 (c) If alive, give age (1870) years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1869

8. AGE: Years 70 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name William Mitchell
13. Birthplace Maryland

MOTHER
14. Maiden Name Augusta Creighton
15. Birthplace Maryland

16 (a) Informant Husband - Columbus
(b) Address 2307 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/27/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1257 W. Pratt St
(c) Huntington Williams, M.D.

MAR 25 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941, to Mar 24 1941, and that I last saw h er alive on Mar 24 1941.

	Duration
Immediate cause of death Cardiac failure	
Due to Arteriosclerotic Cardio-vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Coffman M. D.
Address Md. General Hosp. Date signed 3/24 41

VS 3

F 78900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78900 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Shapakas

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	215-10-9150	Male	White	Married

6 (b) Name of husband or wife Victoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-1876

8. AGE: Years	Months	Days	If less than one day
64	8	24	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business Unemployed

FATHER
12. Name Mike Shapakas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Lithuania

16 (a) Informant U.S. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St.

19 (a) MAR 28 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1941, at 8:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1940 to 3-23 1941, and that I last saw him alive on 3-23 1941.

Immediate cause of death	Duration
Hypernephroma	2 yrs
Due to	unk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto. City Hosp. Date signed 3-24-41

F 78901

F 78901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 Dover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Dover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Elsie M. Suchia

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fred Suchia
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Jan-29-1877
8. AGE: Years 64 | Months 1 | Days 2324 | If less than one day hr. min.
9. Birthplace Brownsville Pa.
(Town, county, and state)
10. Usual Occupation wife -
11. Industry or business

FATHER
12. Name Silvio Vasbinder
13. Birthplace Brownsville Pa

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Franklin W. Songer
(b) Address 2923 Ellicott Drive
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41 (month) (day) (year)
(c) Cemetery or crematory Mayland Park
Location Parkville md.
18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St
19 (a) (Signature of Registrar) (b) Huntington Williams M.D.

MAR 25 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar-23 1941, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar-23 1941 to Mar 23 1941, and that I last saw h alive on Mar 23 1941.

Immediate cause of death Cerebral Hemmorhage, Duration
Due to Hypertension (Chronic) Duration
Due to Duration
Other Conditions Duration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Swanberg M.D.
Address 1222 Lee Date signed 3/24/41

F 78902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B F 78902 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 W. Franklin st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 W. Franklin st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elizabeth Rendall

3 (b) If veteran, name war No | 3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widowed

6 (b) Name of husband ~~or wife~~ William Rendall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1856

8. AGE: Years	Months	Days	If less than one day
54	10	11	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James Brock
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Rendall
15. Birthplace "

16 (a) Informant Ethel Rendall
(b) Address 1933 W. Franklin ST

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

(a) MAR 25 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23rd 1941, at 3:40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941 to Mar 22 1941 and that I last saw h~~er~~ alive on Mar 22 1941

Immediate cause of death: Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Rendall

Address 1145 W Balto St Date signed 3-24-41 M. D.

F 78903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 78903
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Dorchester Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry a. Allers

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 215-07-4497

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of ~~husband or~~ wife Annie Rebecca Allers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16th 1872

8. AGE: Years	Months	Days	If less than one day
68	3	6	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation President
11. Industry or business Solarine Metal Polish Co.

FATHER
12. Name Herman E. Allers
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Regina Ritter
15. Birthplace Unknown

16 (a) Informant Harry Waidner Allers
(b) Address Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 MAR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1941 to 3-22 1941, and that I last saw him alive on 3-22 1941.

Immediate cause of death	Duration
cardiac decomp. and Uremia	
Due to Obstetrical abstinence and toxemia	5 d.
Due to Carcinoma colon	
Other Conditions Hypertension cardio renal vascular dis.	

(Include pregnancy within 3 months of death)
Date of operation 3-21-41
Major findings of operation: Obstetrical abstinence.
of autopsy: Carcinoma Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Bane Mackenzie M. D.
Address 1111 Hoop Date signed 3-23-41

F 78904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 78904

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo 5 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Guilford Ave, Balto.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Roland B. Haynie (Virginia Wheeler Haynie)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Roland B. Haynie
6 (c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): March 1 1893
8. AGE: Years: 48 | Months: 0 | Days: 24 | If less than one day: hr. min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Elmer E. Wheeler
13. Birthplace: Maryland.

MOTHER
14. Maiden Name: Nettie Stevens
15. Birthplace: Maryland.

16 (a) Informant: Roland B. Haynie
(b) Address: 2817 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Balto. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St Paul St

MAR 25 1941 (Date filed by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-41 1941, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2, 1941, to March 24 1941, and that I last saw her alive on March 23 1941.

	Duration
Immediate cause of death: Lung Abcess and Empyema	2 month 3
Due to: Pneumococcus Pneumonia	3 weeks?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings: multiple empyema and lung abscesses, drained
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: James Douglas Lockard M. D.
Address: Union Memorial Hosp. Date signed 3/24/41

VS 8

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians:-please write the causes of death clearly and legibly.

F 78905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78905

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cor Linden Ave & Madison St.

(c) Hospital or institution:

Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Balto (If outside city limits, write RURAL and give town)

Home for Aged of the M.E. Church

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Catherine Diamond

3 (b) If veteran, name war — no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Walter G. Diamond

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 7 1867

8. AGE: Years 74 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Home for Aged

FATHER 12. Name James W. Perks

FATHER 13. Birthplace England

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Walter R. Diamond

(b) Address 707 S. Potomac St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/26/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location " Md.

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St

19 (Date received by registrar) MAR 25 1941 (Signature of Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 8:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26, 1941 to Mar 23 1941, and that I last saw ~~her~~ alive on Mar 23 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration .....

Due to Arteriosclerotic C-V disease. — Duration .....

Due to ..... — Duration .....

Other Conditions Fracture femur lt. — Duration .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature R. J. Coffman M. D.

Address Md. General Hosp. Date signed 3/28/41

F 78906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Bengard (If outside city or town limits, write RURAL and give town)
(d) Street No. Smithsburg #3 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary K. Hoffman

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Daniel B. Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1895

8. AGE: Years	Months	Days	If less than one day
45	11	24	hr. min.

9. Birthplace Bengard Md. (Town, county, and state)
10. Usual Occupation Home wife.
11. Industry or business

FATHER
12. Name John Rinehart
13. Birthplace Md

MOTHER
14. Maiden Name Carrie Neely
15. Birthplace Md

16 (a) Informant Daniel B. Hoffman
(b) Address Smithsburg Md R.D. #3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location Hagerstown Pa.

18 (a) Funeral director Walter J. Hose
(b) Address Hagerstown, Pa.

19 (a) (Date received by Registrar) (b) Registrar's signature

MAR 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1941, to March 25 1941, and that I last saw h[illegible] alive on March 25 1941.

Immediate cause of death Central Nervous system metastases; generalized metastasis — Duration 2 days
Due to Sarcoma of uterus — 4 mos. +
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Rad. Ampt. 2/24/41
Major findings of operation Sarcoma of uterus
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Everett D. Diggs
Address University Hosp. Date signed 3/25/41

F 78907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 78907 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 885 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 Forest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronnie Hill (38022)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-06-2644

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1906

8. AGE: Years	Months	Days	If less than one day
34	3		hr. min.

9. Birthplace N. Car.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Fred
13. Birthplace N. Car.

MOTHER
14. Maiden Name Annie Cobb
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location Q. A. County, Md.

18 (a) Funeral director Mrs. B.A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (Date received by registrar) Huntington Williams, M.D. Registrar

MA

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1941, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15, 1938 to Mar. 18, 1941, and that I last saw h in alive on Mar. 18, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 1933

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address Balto. City Hospital Date signed 3-18-41

VS 3

F 78908

F 78908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-12

8. AGE: Years	Months	Days	If less than one day
28	11	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name William Stalfort
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Maris
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) (Registrar)
MAR 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1941 at 1 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21- 1941. to 3-23- 1941.
and that I last saw h alive on 3-23 1941.

Immediate cause of death Bronchopneumonia — Duration 2

Due to Diabetes mellitus — Duration 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1400 Cathedral Date signed 3-24-41

F 78909

F 78909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1200 Valley St.

(c) Hospital or institution:

Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles Nelson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Lutz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Richmond Va (town, county, and state)

10. Usual Occupation Canmaker

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26, 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 91 E Lexington St Baltimore, Md

19 (a) [illegible] (Registrar) Registrar

MAR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941 at 4a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 - 1941 to Mch 23 1941 and that I last saw him alive on Mch 22 - 1941.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E Gill Hall M.D.

Address 631 E North Ave Date signed 3/25/41

F 78910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 78910 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers ave

(c) Hospital or institution: Methodist Aged Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura S. Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1861

8. AGE: Years 79 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alfred Wheeler

13. Birthplace Md

MOTHER 14. Maiden Name Julia A. Insley

15. Birthplace Md

16 (a) Informant Wm. E. Lederberg

(b) Address 402 Lyman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41. (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave.

18 (a) Funeral director Harry H. Mitzel

(b) Address 4101 Edmondson Ave

(a) MAR 25 1941 (Date rec'd by registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940 to Mar 22 1941. and that I last saw h alive on Mar 22 1941.

Immediate cause of death Chr Nephritis — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. E. Hammond M.D.

Address 705 N. Fulton Ave Date signed 3/24/41 M. D.

M. D. B. 1268-9

F 78911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78911

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Caroline St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Delia Berry

(a) Residence: No. 407 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Negro	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Berry

6. DATE OF BIRTH (month, day, year) Feb 8 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 10-41

11. Total time (years) spent in this occupation 60+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Fortil

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Berry (Son)

(Address) 1414 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Am. Date Mch 26 1941

19. UNDERTAKER James A. Stamper

(Address) 142 Watson St

20. FILED MAR 25 1941 Thos. J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1941, to March 23, 1941.

I last saw her alive on March 22, 1941. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-Vascular Renal Disease	3-10-41

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Adams, M. D.

(Address)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-1

F 78912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garrison & Liberty Hts. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 B Garrison & Liberty Hgts. Ave. Forrest Court Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA J. COLEMAN

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Milliard F. Coleman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1854

8. AGE: Years 86 | Months X | Days 3 | If less than one day hr. min. 9

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm. H. Irvin
13. Birthplace Unknown

MOTHER
14. Maiden Name Georgeanna Button
15. Birthplace Unknown

16 (a) Informant Mrs. Allen Fuller
(b) Address Forrest Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) [illegible] by Hunter for Williams Registrar

MAR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1941, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1937 to March 22 1941, and that I last saw h[illegible] alive on March 22 1941.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 2 yrs.

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 711 N. Patterson Pk. Date signed 3/24/41

F 78913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 78913 Registered No.

The following items of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME S. MARIA SCOTT

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 3, 1847

8. AGE: Years 93 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace: Rayville, Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Lysander McCullough
13. Birthplace: Baltimore Co., Maryland

MOTHER
14. Maiden Name: Elinor Hoshull
15. Birthplace: Baltimore Co., Maryland

16 (a) Informant: Mr. Frank L. Scott
(b) Address: 3046 Brighton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)
(c) Cemetery or crematory: Pine Grove Cem.
Location: Rayville, Balto., Co., Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date received by Registrar) (b) Registrar

MAR 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940. to March 22 1941, and that I last saw her alive on March 21 1941.

Immediate cause of death: Myocardial Insufficiency
Due to: Arthritis deformans
Has not walked for 2 yrs
Due to: Broken hip
Other Conditions: Bed sores
Infection
(Include pregnancy within 3 months of death)

Duration: 2 yrs. / 2 mos.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. H. Slaughenhaupt M. D.
Address: 1170 Park Ave Date signed 3/24/41

F 78914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78914

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma C. Alban

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Married

6 (b) Name of husband or wife George J. Alban

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	21	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name James H. Foley
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Gerbig
15. Birthplace Balto. MD.

16 (a) Informant George J. Alban
(b) Address 2639 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) MAR 25 1941 (Date rec'd by registrar) (b) [illegible] Number 42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1941, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941 to Mar 23 1941, and that I last saw h[illegible] alive on Mar 10 1941.

Immediate cause of death Carcinoma of left lung

Due to Carcinoma of left breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 Mos
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Kazenberger, M.D.

Address [illegible] Date signed 3/24/1941

F 78915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 78915

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Riggs Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7-1880

8. AGE: Years	Months	Days	If less than one day
60	—	15	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles E. Diggs

13. Birthplace Unknown

MOTHER 14. Maiden Name Catherine Stewart

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Samuel Anderson

(b) Address 710 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 David Hill Ave

19 (a) [illegible] (b) Huntingtown Williams, Md.

MAR 25 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said A. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wardell Gutt M.D.
Medical Examiner.

Date signed 3/27/41

Spec.—8-16-39—L. F. S.—100 Blks.

F 78916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78916

CERTIFICATE OF DEATH

√50

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1620 W. Lexington ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha A. Henson

(a) RESIDENCE NO. 1620 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas

6 DATE OF BIRTH (month, day, and year): Feb 1, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Governess

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bowling Green Va

PARENTS

10 NAME OF FATHER: Henry Sales

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Bertha A. Henson

(Address): 1620 Lexington

15 MAR 25 1941 Registrar: Huntley Fox Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 22-1941

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16 19 41 to March 22 19 41

that I last saw h alive on March 19 41

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia Sequel

to Influenza Jan 16-Mar 12/41

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma Rt Breast

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

3/22, 1941 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 3-25 1941

20 UNDERTAKER: Mrs. Lee H. Holland

ADDRESS: 1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 78917

F 78917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 N.Collington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75--4--1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 N.Collington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry P.Danz

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sophia Danz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.22,1865

8. AGE: Years	Months	Days	If less than one day
75	4	1	hr. min.

9. Birthplace Baltimore,Maryland (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name Edward Danz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs.John Wagner (Daughter
(b) Address 1206 N.Collington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26,1941 (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location E.O'Donnell Street

18 (a) Funeral director Albert L. Hilt
(b) Address 1606 E.Chester Street

19 (a) MAR 26 1941 (Date received by registrar) (b) Hunter Van Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1941 to March 23 1941 and that I last saw him alive on March 23 1941.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	4 yrs.
Due to Arteriosclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunter Van Williams M. D.
Address 1613 E.North Ave. Date signed 3-24-41

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

78918 78918

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Leverdale St. 7-17 Ward) 9th a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Bessie Fried Lamsfer

If U. S. Veteran specify WAR

(a) Residence: No. Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aged Home
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Blvd. Date 3/25/41

19. UNDERTAKER Jack Levi Inc.
(Address) 1439 E. Baltimore St.

20. FILED MAR 25 1941 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1941

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1940, to 3-24, 1941

I last saw her alive on 3-24-, 1941. Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	3-24-41
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Edmund Kerns M. D.

(Address) Leverdale

VS 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-H

F 78919 Registered No.

cc

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4123 Granada Avenue
(if rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alford Kaplan

3 (b) If veteran, name war	3 (c) Social Security Account No.
V	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1916

8. AGE: Years	Months	Days	If less than one day
24	2	28	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edwin Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Reva Morewitz
15. Birthplace Russia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetary
Location Washington, D.C.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

MAR 25 1941 (Date rec'd by registrar)

(a) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1941, 3:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 3-25 1941.
and that I last saw him alive on 3-24 1941.

	Duration
Immediate cause of death: lymphosarcoma	4 mo. ±
Due to: Myocardial failure	12 hrs ±
Due to:	
Other Conditions: Glio-vesical fistula	3 mo.

(Include pregnancy within 3 months of death)
Date of operation 3-22-41
Major findings of operations: Extensive lymphosarcoma
of autopsy:

PHYSICIAN
(Underline the name to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Sidney R. Schlet Jr. M. D.
Address Balt. City Hosp. Date signed 3-25-41

78920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 78920 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Date of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 N. Belnord Ave.
(c) Hospital or institution: - --
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Belnord Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS TEICHMAN JR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie Teichman
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 14. 1881

8. AGE: Years	Months	Days	If less than one day
60	2	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Fire Chief, retired
11. Industry or business Balto. City Fire Dept.

FATHER
12. Name Thomas Teichman
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Nortman
15. Birthplace Germany

16 (a) Informant Mrs. Carrie Teichman
(b) Address 533 N. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25. 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md. Geo F. Saunders

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) MAR 25 1941 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22. 1941 19 10.57 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to March 22 1941. and that I last saw h[illegible] alive on March 21 1941.

Immediate cause of death	Duration
Carcinomatosis (Primary carcinoma of left lung)	Sept 1, 1940
Due to (Bronchogenic)	
Due to —	
Other Conditions arterial hypertension -	Sept 1/40.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumeich M. D.
Address 722 N. Kenwood Ave. Date signed March 24/41

F 78921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 78921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Alvarado Square (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Woolford YOUNG

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 158-10-1933

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Vera Sharp

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) June 30, 1891

8. AGE: Years 49 | Months 8 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Vancouver, B. C. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name George Young
13. Birthplace London, England

MOTHER
14. Maiden Name Alice Woolford
15. Birthplace London, England

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) MAR 25 1941 (Date received by registrar) (b) Thurston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 5:03 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24, 1941, to March 23, 1941, and that I last saw him alive on Mar. 23, 1941.

Immediate cause of death	Duration
Broncho-pneumonia	2 days
Due to Congestive heart failure	1 week
Due to Hypertensive heart disease with coronary sclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 3/24/41 (M. D.)

IMPORTANT. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 78922 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3728 GOUGH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 GOUGH ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 66 years

3 (a) FULL NAME MARTHA H. DOCHTERMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife LUDWIG DOCHTERMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 3 1860

8. AGE: Years	Months	Days	If less than one day
80	7	18	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ERNEST SEMM
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant JOHN DOCHTERMAN (SON)
(b) Address 3728 GOUGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 25/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Elliot Zeiler Jr
(b) Address 403 S. WOLFE ST.

19 (a) MAR 25 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 21 1941 at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 15 1941. to MARCH 21 1941. and that I last saw her alive on MARCH 21 1941.

Immediate cause of death: Cerebral Hemmorhage — Duration: 6 days
Due to Arteriosclerosis — generalized — ?
Due to Bronchial Pneumonia — ?
Other Conditions Chronic Arthritis — ?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klumen M. D.
Address 2623 E. Monument Date signed 3/24/41

F 78923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78923

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4608 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Roland avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-15

3 (a) FULL NAME SAMUEL OGLE TILGHMAN DAVIDSON

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary E. Davidson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1866

8. AGE: Years	Months	Days	If less than one day
74	9	18	hr. min.

9. Birthplace Queenstown, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Richard Earle Davidson
13. Birthplace Queen Anne Co., Md.

MOTHER
14. Maiden Name Maria Tilghman
15. Birthplace Queen Anne Co., Md.

16 (a) Informant Mrs. Mary E. Davidson
(b) Address 4608 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory St. John's Cem.
Location Waverly, Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, Jr. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 4:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1940, to March 23 1941, and that I last saw him alive on March 9 1941.

Immediate cause of death: Coronary thrombosis — Duration: Instant

Due to: Carcinoma - rectum - recurrent — years

Due to: Carcinoma - Adenoma prostate — years.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry M. Thomas M. D.
Address 29 E. Preston St. Date signed 3/24/41

H. J. Madden M.D. for H. J. W. Williams M.D.

F 78924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 78924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Chatham Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Chatham Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME A. JACKSON HUFFINGTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife E. Elizabeth Huffington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1862

8. AGE: Years	Months	Days	If less than one day
78	7	29	hr. min.

9. Birthplace Wicomico Co., Maryland (Town, county, and state)
10. Usual Occupation Retired Builder
11. Industry or business Self

FATHER
12. Name James Huffington
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Pollitt
15. Birthplace Maryland

16 (a) Informant Miss Ellen E. Huffington
(b) Address 3811 Chatham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940 to March 23 1941. and that I last saw h.. alive on March 23 1941.

Immediate cause of death	Duration
Edema Pulmonary	Unknown
Stomach Carcinoma	
Due to	
Due to	
Other Conditions Renal Carcinomatosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Above found at operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George P. Visaro M. D.
Address 4000 Sinclair Date signed 3-24-41

VS 3

F 78925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

F 78925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 W. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY FLETCHER POWELL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 220-05-3256

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1854

8. AGE: Years 86 | Months 3 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Editorial Writer
11. Industry or business Balto. News-Post

FATHER
12. Name Dr. John F. Powell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Alice Tilyard
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Eleanor Powell
(b) Address 309 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) Huntington Williams, M.D. (Registrar) Registrar
(b) MAR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1941, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24, 1941, to March 21, 1941, and that I last saw h[illegible] alive on March 21, 1941.

Immediate cause of death Carcinoma of pancreas with metastasis to liver. — Duration 2 mos.?
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation No operation.
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Grayton M.D.
Address 3963 Greenmount Ave. Date signed 3/25/41
M. D.

F 78926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 78926 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 W. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWIN R. SCOVILLE

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 705-05-2278

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Tillie S. Scoville
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1858

8. AGE: Years 82 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Belle Fontaine, Ohio (Town, county, and state)
10. Usual Occupation Asst. Supt. Safety Dept.
11. Industry or business B. & O. R. R.

FATHER
12. Name [illegible] Scoville
13. Birthplace Ohio Mass

MOTHER
14. Maiden Name Nancy Sarah Cooley
15. Birthplace Ohio Mass.

16 (a) Informant Mrs. Tillie S. Scoville
(b) Address 2307 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
(Signature of Registrar)
MAR 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Mar. 24 1941, and that I last saw h[illegible] alive on Mar. 23 1941.

	Duration
Immediate cause of death: Myocardial Insuff.	12 yrs.
Due to: Arterio-sclerosis	8 yrs.
Due to: Chr. Inst. nephritis	"
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas C. Todd M. D.
Address 735 N. Fulton Ave. Date signed 3/26/41

F 78927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a Registered No. 93414

F 78927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County ?
(c) City or town Manchester Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lola Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband or wife James A Fink
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Dec 23 - 1907

8. AGE: Years	Months	Days	If less than one day
33	3	1	hr. min.

9. Birthplace Rushville Pa
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Geo M Edmonds
13. Birthplace Rushville Pa.

MOTHER
14. Maiden Name — Rowland
15. Birthplace Rushville Pa.

16 (a) Informant James A Fink
(b) Address 2401 Allendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27-41 (month) (day) (year)
(c) Cemetery or crematory Rushville Pa
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave Bal

19 (a) (Signature of registrar)
MAR 25 1941 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1941, to 3-24 1941, and that I last saw h.e.r alive on 3/24 1941.

Immediate cause of death Sub acute bacterial endocarditis — Duration 6 months

Due to

Due to

Other Conditions Ascites, hydrothorax hepato megaly, Pregnancy 2-17-41
(Include pregnancy within 3 months of death)

Date of operation 3-24-41

Major findings of operation: ascites hepato megaly

of autopsy: Valvular heart lesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J A Duryea MD
M. D.
Address St. Agnes Hosp Date signed 3-24-41

F 78928

F 78928

F 78928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Gesdwetown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr 7mo 7day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Westfield
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flora Jeresser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11 1860

8. AGE: Years 80 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Herman Kreiner
13. Birthplace Austria

MOTHER
14. Maiden Name Wilhemina Abbott
15. Birthplace Austria

16 (a) Informant Frank W. Jeresser
(b) Address 4809 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edward J. Rieck
(b) Address 5305 Harford Rd.

19 (a) Filed MAR 25 1941 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1937 to Mar 24 1941, and that I last saw her alive on Mar 24 1941.

Immediate cause of death Diabetic Coma
Generalized Debility

Duration 1 day 4 years

Due to Diabetes Mellitus

Due to

Other Conditions Senile Psychosis
General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P. Clapsaddle M. D.
Address 33 W. Pershing Ave Date signed

F 78929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 78929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E
(b) Street address 2410 Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha E. Goldbeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Christopher Goldbeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2-1879

8. AGE: Years	Months	Days	If less than one day
61	5	20	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. J. Burton
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Schirk
15. Birthplace Germany

16 (a) Informant Christopher Goldbeck
(b) Address 2410 Monument St.

17 (a) Burial (b) Date thereof Mar. 26/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave

18 (a) Funeral director John A. Miller
(b) Address 2604 Jefferson St.

19 (a) Taylor Williams M.D.
(Date rec'd by registrar)

MAR 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 22 1941, at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1900, Mch 22 1941, and that I last saw him alive on Mch 22 1941.

Immediate cause of death

Pulmonary Edema

Due to Hypertension arteriosclerosis, Endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7 yrs
3 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(c) Means of injury

23. Signature Thos B. Bauman M. D.
Address 715 N. Patterson Park Ave Date signed 3/24/41

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 78930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Briscoe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Lou Williams Ruth F 11 63

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1940

8. AGE: Years | Months 9 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Richard Williams
13. Birthplace Prince George Co.

MOTHER 14. Maiden Name Elizabeth Wilson
15. Birthplace Howard County Md.

16 (a) Informant Richard Williams
(b) Address 1117 Briscoe St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 3 26 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Cemetery
Location Balto. Md.

18 (a) Funeral director Walter B. Driggs
(b) Address 1320 Druid Hill Ave.

19 (a) ... (b) ... (Signature of local registrar)

MAR 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1941, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1941, to 3-23 1941, and that I last saw her alive on 3-23 1941.

Immediate cause of death: Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia (lobar)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 3-24-41

78931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78931

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Homestead st
(c) ~~Hospital or~~ institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Homestead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

93-5

3 (a) FULL NAME Conrad Dickhaut

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Louie C. Dickhaut
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 25-1865

8. AGE: Years	Months	Days	If less than one day
75	9	7628	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Dealer in Poultery
11. Industry or business

FATHER
12. Name Adam Dickhaut
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Lillian C. Dickhaut
(b) Address 615 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1416 Light St.

MAR 25 1941 (Registered by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1940 to 3/23 1941.
and that I last saw him alive on 3/22 1941.

Immediate cause of death	Duration
Arterio-sclerotic	
Cardio-vascular disease	6 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Reiss M.D.
Address 612 D.I. York Rd. Govans Date signed 3/24/41

VS 8

F 78932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 78932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 71 W. Lee St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 71 W. Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Fisher

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Brown Fisher
6 (c) If alive, give age? 62 years

7. Birth date of deceased (mo., day, yr.) Oct 18 - 1879

8. AGE: Years	Months	Days	If less than one day
62	5	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Street Cleaning Dept.

FATHER
12. Name Joseph E. Fisher
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Susan Grimes
15. Birthplace Baltimore Md.

16 (a) Informant Mary Goldsborough
(b) Address 71 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1476 Light St.

MAR 25 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1941, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2, 1941, to Mar 21, 1941, and that I last saw him alive on Mar 21, 1941.

Immediate cause of death	Duration
Myocardial Failure	2 mos.
Due to Arteriosclerotic Heart Disease	1 year
Due to	
Other Conditions Chronic Bronchitis	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Gilmore, M.D.
Address 827 Light St Date signed 3/24/41

VS 3

F 78933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78933

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 822 N. Carrollton

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 822 N. Carrollton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1867

8. AGE: Years 78 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Isaac Brown

13. Birthplace Md

MOTHER 14. Maiden Name Sarah A. Fowler

15. Birthplace Md

16 (a) Informant Mrs. McDaniels

(b) Address 822 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto Md

18 (a) Funeral director Wyatt Travers & Hayley

(b) Address 578 N. Biddle St

MAR 25 1941 (Date rec'd by registrar) (b) Emily F. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1941 to March 23 1941 and that I last saw h er alive on March 23 1941.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration
?
,

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edw. J. Wheatley M. D.

Address 1320 Druid Hill Ave Date signed March 26

VS 2

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78934 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Smith

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-01-7953

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1899

8. AGE: Years 42 | Months - | Days 12 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Steveedor-Laborer

11. Industry or business

FATHER 12. Name John Smith

13. Birthplace Virginia

MOTHER 14. Maiden Name Lizzie Bailey

15. Birthplace Va

16 (a) Informant Helen Smith

(b) Address 1620 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (month) (day) (year)

(c) Cemetery or crematory Antioch Park

Location Balto Co Md.

18 (a) Funeral director Jos H. Reddick

(b) Address 430 W. Baltimore St

19 (a) [illegible] (b) [illegible] Registrar

MAR 25 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1941 at 9 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Vandenhoff M.D. Medical Examiner.

Date signed 3/22/41

3908 F 78935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

× ✓ F 78935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Big Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Marie Irvin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-39

8. AGE: Years 1 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Guy Irvin
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Miller
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Mr. 3-27-41 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cemetary
Location Near Jurestyn Road

18 (a) Funeral director Snyder - Howland.
(b) Address Cedar Spring Md.

MAR 25 1941
(Date received by Registrar) Hunting for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1941, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940 to Mar 24 1941, and that I last saw her alive on Mar 24 1941.

Immediate cause of death: Pneumbolotoma of adrenal — Duration 5 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 3/26/41

F 78936
M.H. 64632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 78936
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Michael Pietrowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) [illegible] 1891

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Shoe Maker
11. Industry or business self

FATHER
12. Name Ksawery Pietrowski
13. Birthplace? Poland.

MOTHER
14. Maiden Name Emilia Sielicka
15. Birthplace ? Poland.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3-27-41 (Month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk

18 (a) Funeral director John J. Puda
(b) Address 2629 Hudson St
(b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22-1941, to 3-24-1941, and that I last saw h[illegible] alive on 3-24-1941

Immediate cause of death	Duration
Bronchopneumonia	P
Due to Gen. A. S.	P
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-24-41

F 78937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78937 ✓ 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Ravenswood Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Schultz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Louis Schultz
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1860

8. AGE: Years	Months	Days	If less than one day
80	7	18	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Nurse Nurse
11. Industry or business

FATHER
12. Name Gustave Buchaltz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anna Niemann
(b) Address 1027 Bristol St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd. Balto. Md.

18 (a) Funeral director Dunward & Covington
(b) Address 21 W. 25th St.

MAR 25 1941 (b) Henry [illegible] Williams M.D.
(Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1941, at 5:02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1941, to Mar. 23 1941, and that I last saw h[illegible] alive on Mar. 23 1941.

Immediate cause of death	Duration
Lobar pneumonia, Left lung	
Due to Myocardial insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Lobe M.D.
Address St Agnes Hospital Date signed 3/27/41

Spec.—8-16-39—L. P. F-1478938

F 78938

Social Security 213-10-1201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a F 78938

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 43 N. Monastery Ave ST. 20-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee Erwin Armiger

(a) RESIDENCE NO. 43 N. Monastery Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 14 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Armiger

6 DATE OF BIRTH (month, day, and year) Aug 10-1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator - Trackless

(b) General nature of industry, business, or establishment in which employed (or employer) Trolley - B. Trans Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John F. Armiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mamie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Lillian Armiger

(Address) 43 Monastery Ave.

15 MAR 26 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/41

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to March 3, 1941, that I last saw h/ alive on March 3, 1941 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Coronary sclerosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. J. Volansky, M. D.

, 19 (Address) 4710 Liberty Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL June 27 1941

20 UNDERTAKER John C. Miller Inc.

ADDRESS 2435 E. O

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7

F 78939 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3063 Strickland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3063 Strickland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J Colclough

3 (b) If veteran, name war Worlds
3 (c) Social Security Account No. 218-18-2196

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1891

8. AGE: Years 49 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired Engineer,
11. Industry or business City Fire Dept

FATHER
12. Name Thomas Colclough
13. Birthplace Ireland

MOTHER
14. Maiden Name Fanny Burch
15. Birthplace Ireland

16 (a) Informant Mrs John J Colclough
(b) Address 3063 Strickland St

17 (a) Burial (b) Date thereof 3-26-41 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National from
Location Baltimore

18 (a) Funeral director Geo A Tyler
(b) Address Fulton Ave Fayette

19 (a) [illegible] Registrar
Registrar

MAR 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941, to Mar 22 1941, and that I last saw h alive on Mar 22 1941.

Immediate cause of death	Duration
Ch. endocarditis	?
Due to ?	
Due to Hypertension	?
Other Conditions Acute cardiac dilatation	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature J J Colclough

Address 3321 Freard Date signed 3-26-41

F 78940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Bradford St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name

15. Birthplace Unknown

16 (a) Informant Helen Thompson

(b) Address 202 N. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cemetery

Location

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Brantley Ave

MAR 25 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1941, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1941 to 3/22 1941 and that I last saw [illegible] alive on 3/22 1941.

Immediate cause of death Bronchio Pneumonia — Duration 12 days

Due to Exposure & Cold

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake

Address 1327 N. Central Ave Date signed 3/24 (M.) (D.)

F 78941

F 78941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 78941

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 McElderry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-9875

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Celeste Moore
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Norfolk Va.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Moore
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Celeste Moore
(b) Address 1619 McElderry St.

17 (a) Burial (b) Date thereof 3/26/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 6000 Bryant Legard

19 MAR 25 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1941, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1941, to Mar. 23 1941, and that I last saw h alive on Mar. 23 1941.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Cerebral Hemorrhage	12 hrs
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allan L. Rafsnider M. D.
Address 822 E. Bond St Date signed 3/24/41

F 78942

cc 25908 Inf.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 78942

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3452 Keswick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Frances Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Horrace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1863

8. AGE: Years 78 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Neal
13. Birthplace ?

MOTHER
14. Maiden Name Lizza Sevena
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Thomas J. Donovan
(b) Address 3615 Edmondson Ave.

19 (a) Filed MAR 25 1941 (b) Registrar for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23-1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17-1937 to 3-23-1941 and that I last saw h-- alive on 3-23-1941.

Immediate cause of death Bronchopneumonia ?

Due to Gen. A

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Bronchopneumonia

Duration
?
T

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Goldstein M.D.

Address Balto City Hosp Date signed 3-24-41

F 78943

OF 56379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 762 N. Lexington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Stansbury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1881

8. AGE: Years	Months	Days	If less than one day
59	5	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Henry (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma McLuvy
15. Birthplace Maryland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26/41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Location Balto Co. Md.

18 (a) Funeral director Edmund B. Donovan
(b) Address 3615 Eastern Ave

19 (a) Date received by Registrar MAR 25 1941 (b) Registrar Stanton Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1941, at 9 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8- 1940, to 3-22- 1941, and that I last saw him alive on 3-22- 1941

Immediate cause of death	Duration
Coronary thrombosis	2 hrs
Due to Gen. A-S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 3-24-41 M. D.

F 78944
OF

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43-D

F 78944
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W. Chase Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-1858

8. AGE: Years	Months	Days	If less than one day
83	0	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Stephen Yonkers
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory Cemetery. Location Chestertown Md.

18 (a) Funeral director Segura a. Henry
(b) Address 122 Cedar St. Cambridge Md.

MAR 25 1941 (Date received by registrar) (b) Walter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25- 1941, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15- 1927 to 3-25-1941. and that I last saw h[illegible] alive on 3-25- 1941.

Immediate cause of death	Duration
Bronchopneumonia	7
Due to C.S. & Hypertensive CVL	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Millard Tabor M.D.
Address Balto City Hosp. Date signed 3-25-41

F 78945 ✓F 78945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 511 N. Collington Ave
(b) Street address 2005 E Monument St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E Monument Ave 511 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME DAVID LEROY GANS

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 213-03-0923

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hilda Shaffer
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) July 6, 1905

8. AGE: Years	Months	Days	If less than one day
35	8	19	..... hr. ..... min.

9. Birthplace Shamokin, Pa. (Town, county, and state)
10. Usual Occupation lawyer
11. Industry or business Md. Casualty Ins. Co.

FATHER
12. Name David Gans
13. Birthplace New Jersey

MOTHER
14. Maiden Name Minnie Strouse
15. Birthplace Shamokin, Pa

16 (a) Informant Mrs. Minnie Gans
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 27- 41 (month) (day) (year)
(c) Cemetery or crematory
Location Shamokin Pa

18 (a) Funeral director Frederick D. Millspaugh
(b) Address 2019 E. Monument St

19 MAR 25 1941 (Date rec'd by registrar) (b) .....

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Diabetes Coma	.....
Due to Diabetes mellitus	5 yrs
Due to	.....
Other Conditions No	.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. R. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-26-41

F 78946 394875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

82 F 78946

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 Ce Colvin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Green

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-21 + Papa —

8. AGE: Years	Months	Days	If less than one day
19	10	4	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name Willie Green
13. Birthplace Va

MOTHER
14. Maiden Name Lula Dean
15. Birthplace Va

16 (a) Informant Recndo —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) MAR 26 1941 (Date received by registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 21 1941, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1941 to 19 . and that I last saw h.. alive on Mar 21 1941.

Immediate cause of death (a) Lung abscesses + pneumonia — Duration ? 3 wks ? 1 wk ? 2 wks

Due to Bronchiectasis

Due to

Other Conditions Transverse myelitis Lumbar Spine. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Dame

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Favour
Address Johns Hopkins Date signed 3-23-41

78947

HEALTH DEPARTMENT—CITY OF BALTIMORE

78947

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2743 Tivoly ave. St. 9-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia E. Stokeman

If U. S. Veteran specify WAR

(a) Residence: No. 2743 Tivoly ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Stokeman

6. DATE OF BIRTH (month, day, year) March 11-1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) Raleigh (State or country) N.C.

FATHER

13. NAME Peter Francis

14. BIRTHPLACE (city or town) Richmond (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Mann

16. BIRTHPLACE (city or town) Petersburg (State or country) Va

17. INFORMANT Mrs Lenna McCallum (Address) 2743 Tivoly ave (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 26 1941

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED MAR 26 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1941, to March 23, 1941

I last saw her alive on March 23, 1941. Death is said to have occurred on the date stated above, at 12 M. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	2 mo.
Obstruction	2 mo.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. F. a Stevens M. D.

(Address) 2878 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 78948 Registered No.

The ... should be carefully supplied. Every item of information ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 8days
(e) Length of stay in Baltimore (yrs., mos., or days): 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 608 E. Baltimore Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: John SHEARLOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 27, 1860

8. AGE: Years	Months	Days	If less than one day
80	3	25	... hr. ... min.

9. Birthplace: OHIO (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business:

FATHER
12. Name: John Sherlock
13. Birthplace: Glasgow, Scotland

MOTHER
14. Maiden Name: Sarah Jane
15. Birthplace: Harrisburg, Pennsylvania

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 26 4 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Baltimore Md

18 (a) Funeral director: Tallhorn Co
(b) Address: 1217 E Gay St

19 (a) (Date received by Registrar) MAR 26 1941 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22, 1941, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 22, 1941, to March 22 1941, and that I last saw him alive on March 22, 1941.

Immediate cause of death	Duration
Heart Failure	9 days
Due to: Hypertensive heart disease and coronary sclerosis	Unknown
Due to:	
Other Conditions: Hydrothorax	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [signature]
Address: US Marine Hospital Date signed 3/24/41 M. D.
Baltimore, Maryland.

F 78949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-D

Registered No. F 78949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madora M Holland

3 (b) If veteran, name war No

3 (c) Social Security Account No. [illegible]

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30. 1892

8. AGE: Years 48 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A Horner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hannah Jackson
15. Birthplace Baltimore Md

16 (a) Informant George W Holland
(b) Address 519 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Milburn Co
(b) Address 1207 E Pratt St

APR 26 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to March 25 1941, and that I last saw h[illegible] alive on March 27 1941.

Immediate cause of death Bronchopneumonia

Due to Pneumonia Influenza

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 1940

Major findings of operation Carcinoma Metastasis to Liver

If autopsy Anatomical Diagnosis

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 508 E Fried, Jr Pl Date signed 3-27-41 M. D.

F 78950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 546-F Registered No.

F 78950

FORM WHITE PAPER, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Northern Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lethadell Frink.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nelson S Frink

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 19 1893

8. AGE: Years 48 | Months 2 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Medfield Mass
(Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name George Morrill
13. Birthplace Vermont

MOTHER
14. Maiden Name Mary Adams
15. Birthplace Medfield Mass

16 (a) Informant Nelson S Frink
(b) Address 3022 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 4 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Arlington St

19 (a) [illegible] (b) Huntington Ave Baltimore Md

MAR 26 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 41, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1940, to Mar. 24 1941, and that I last saw h FR alive on Mar 24 1941.

Immediate cause of death
Carcinoma of liver — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. Dawyer Jr. M. D.
Address 4808 Harford Rd. Date signed

F3 7 8 9 5 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 78951 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N Ellwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Sep

6 (b) Name of husband or wife John Hughes (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-02

8. AGE: Years	Months	Days	If less than one day
38	10	13/5	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Charles Walker
13. Birthplace VA

MOTHER
14. Maiden Name Emma Bennett
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Baltimore
18 (a) Funeral director Philip Stewart Sons
(b) Address 2024 Orleans St
19 (a) MAR 26 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 25 1941, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 9 1941 to MAR 25 1941, and that I last saw her alive on MAR 26 1941.

Immediate cause of death	Duration
Hepatic insufficiency	2 wks
Due to Cirrhosis of liver, biliary.	2 yrs.
Due to Cause unknown	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations Cirrhosis of liver
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Blumenthal
Address J. H. Hosp. Date signed 3/25

VS 3

F 78952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 78952 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Bell Miller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Clarence —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1859

8. AGE: Years 81 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county and state)

10. Usual Occupation: At-Home

11. Industry or business

FATHER
12. Name: James Miller
13. Birthplace: Eastern Shore Md.

MOTHER
14. Maiden Name: Jane King
15. Birthplace: Unknown

16 (a) Informant: Daisy Hopkins (Daughter)
(b) Address: 1611 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/26/41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Memorial Park
Location:

18 (a) Funeral director: Robert H. Young
(b) Address: 804 W. Carlton St

19 (a) Date received by local registrar: MAR 28 1941 (b) Filing No. 87 Registrar of Williams District

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1940 to 3-23 1941.
and that I last saw her alive on 3-22 1941.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: 1 wk.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Rayner Browne
Address 1 S W E. Madison St Date signed 3/25

Rayner Browne

F 78953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-C

F 78953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. Poppleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Poppleton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Malinda A. Connelly.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Late Michael J. Connelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1875

8. AGE: Years	Months	Days	If less than one day
65	7	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Edward Graner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant Mr James E Connelly
(b) Address 2625 Lehman St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/28/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location 2939 Pidgeon Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

MAR 26 1941 (Date received by Registrar) [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25th 1941, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 20 19[illegible], to Mch 25 19[illegible], and that I last saw h[illegible] alive on March 24 19[illegible].

Immediate cause of death Organic Dis Heart — Duration 9

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 789 W Fayette Date signed [illegible]

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78954 SANKS 7-78954 19682 H

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 525 Orchard St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Sanks (Culley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Separated

6 (b) Name of husband or wife Culley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Sanks
13. Birthplace Md

MOTHER
14. Maiden Name Maggie Lewis
15. Birthplace Baltimore Md

16 (a) Informant Clifton Laney
(b) Address 501 Mendenhall Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) MAR 26 1941 (Date rec'd by registrar) Washington Williams, Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/25/41

VS 6

F 78955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 175-A

F 78955

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Mission Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Louise ?
15. Birthplace Md.

16 (a) Informant Lillie Simpson
(b) Address 1137 Kilmore st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hobstead
(b) Address 1 E. Preston St.

19 (a) MAR 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21- 1941, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 19 41 to 3-21 1941, and that I last saw h[illegible] alive on 3-21 1941.

Immediate cause of death	Duration
(a) Acute Yellow Atrophy of the Liver	7 days ?
Due to (b) Meningoencephalitis (probably)	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Acute Yellow Atrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Marander M. D.
Address President Hospital Date signed 3-22-41

VS 3

78956

HEALTH DEPARTMENT—CITY OF BALTIMORE

78956

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 954 Forrest St. (St.) (Ward) 10 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rawlings

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ... Ward Davidsonville A & C Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Md

FATHER

13. NAME William Rawlings

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Maryland Penitentiary

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hunt Date 3/26 19 41

19. UNDERTAKER John J. Fabian Sons

(Address) 1312 Light St.

20. FILED MAR 26 1941 Thos. F. Kernan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from February 4 1941 to March 22 1941

I last saw him alive on March 22 1941 Death is said to have occurred on the date stated above, at 2:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Beatty M. D.

(Address) 1123 St. Paul St.

Searborough

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 78957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78957 Registered No.

THESE WHITE PLANKS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Ann Bennett Birth F 23592

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10 - 1941

8. AGE: Years	Months	Days	If less than one day
	1	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Vernon Craig
13. Birthplace N. Va.

MOTHER
14. Maiden Name Dorothy Bennett
15. Birthplace Wilmington, Del.

16 (a) Informant Dorothy Bennett
(b) Address 120 N. Montford Ave

17 (a) Burial (b) Date thereof 3/26/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MA Cluss
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Eutaw

19 (a) (Date received by registrar) MAR 26 1941 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 - 1941, at 12 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Lobar Interstitial Pneumonia	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Geo. - Johns Hopkins

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Howell M.D.
Medical Examiner.
Date signed 3-26-41

78958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93-D

F 78958 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 E Calvert St.

(c) Hospital or institution: Union Mem. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Chicago, Ill

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6112 St. Lawrence Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Mary Harriett Campbell Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Mr. William Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1865

8. AGE: Years	Months	Days	If less than one day
75	9	4	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Charles G. Campbell

13. Birthplace Scotland

MOTHER 14. Maiden Name Brown

15. Birthplace Ontario, Canada

16 (a) Informant Mrs. Elizabeth Christine

(b) Address 2608 Erdman Ave, Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/26/41 (month) (day) (year)

(c) Cemetery or crematory

Location Chicago Ill.

18 (a) Funeral director Harry N. Fitzpatrick

Address 4101 Edmondson ave

19 (a) (Date rec'd by registrar) (b) Name of informant

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25 1941, at 2:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1941, to Mar 25 1941, and that I last saw h[illegible] alive on Mar. 25 1941.

Immediate cause of death Bronchopneumonia

Duration

Due to Both Congestive Heart failure

Due to Arteriosclerotic Heart disease.

Due to

Other Conditions Urinary tract Infection

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James Douglas Lockard M. D.

Address Union Memorial Hosp Date signed 3/25/41

F 78959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

Registered No. F 78959

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wilkens + Caton Aves.
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Wash Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Joan Wheat — Birth-Filed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1940.

8. AGE: Years	Months	Days	If less than one day
	4	23	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Archie E. Wheat
13. Birthplace Md

MOTHER
14. Maiden Name Ethel Pearce
15. Birthplace Md

16 (a) Informant Archie E. Wheat
(b) Address 2627 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry F. Kirkpatrick
(b) Address 4101 E Monument Ave

19 (a) (Date received by registrar) (b) Signature of Registrar, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1941, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1941, to 3-24 1941, and that I last saw her alive on 3-24 1941

Immediate cause of death Bronchial pneumonia

Due to Upper resp infection

Due to

Other Conditions Congenital Heart Def (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address St Agnes Date signed 3/24 M. D.

F 78960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-6

Registered No. F 78960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 Bennett Place
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 18 5'

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Bennett Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann Grant — Barth - F 26208

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race B

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/41

8. AGE: Years — Months — Days — If less than one day hr. 5 min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Floyd Grant
13. Birthplace Jacksonville Fla

MOTHER
14. Maiden Name Cecil Williams
15. Birthplace Baltimore, Md

16 (a) Informant Cecilia Grant
(b) Address 947 Bennett Place

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAR 26 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAR 26 1941 (b) Huntingdon Pa

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/41 19 , at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11:35 AM, to 11:40 PM 19 , and that I last saw h alive on 3/24 1941.

Immediate cause of death — Duration

Due to Premature separation of placenta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert F. Sims

Address Emmitsburg Md Date signed 3-24-41

78961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1180 Registered No. 78961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 N. Carey St. - 2nd floor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella Carroll

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Kenwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-1893

8. AGE: Years	Months	Days	If less than one day
48	11	20	hr. min.

9. Birthplace Ellicott City Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Edwards
13. Birthplace Ellicott City. Md

MOTHER
14. Maiden Name Bessie Gibson
15. Birthplace Annapolis Md

16 (a) Informant Miss. Mae Carroll
(b) Address 1416 Freetman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Balto. Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Hunter C. Tyler Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1941, at 3:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Pt. 1, 2nd Degree Burns

Due to

Due to

Other Conditions 80% of body involved

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-24-41
(c) Where did injury occur? 1349 N. Carey St. Bal (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Klumpp M.D. Medical Examiner.
Date signed 3-24-41

78962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. 4312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1349 N. Carey Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 N. Carey Street 3rd floor
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Washington Edwards

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife John Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-1863

8. AGE: Years	Months	Days	If less than one day
77	10	23	hr. min.

9. Birthplace Annapolis Md
(Town, county and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Mae Carroll
(b) Address 1416 Presstman St.

17 (a) Burial (b) Date thereof 3-27-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

MAR 26 1941

(Date received by Registrar) (b) Thurston Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-1941, at 4 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

(a) Cerebral Hemorrhage
Due to
Due to
Other Conditions 50% of body involved
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-24-1941
(c) Where did injury occur? 1349 N. Carey (City or town) Balto. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Moreau M.D.
Medical Examiner
Date signed 3-24-41

78963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a F 78963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Govans Balto. Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1001 Arlington Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva P. Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1885

8. AGE: Years 56 | Months 3 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER

12. Name: Thomas Sparrow

13. Birthplace: Anne Arundel Co. Md

MOTHER

14. Maiden Name: Elizabeth Waters

15. Birthplace: Anne Arundel Co. Md

16 (a) Informant: Mr. Walter W. Elliott

(b) Address: 1001 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)

(c) Cemetery or crematory: Mt. Auburn

Location: Baltimore Md

18 (a) Funeral director: Mrs. Guy P. Holland

(b) Address: 1631 Druid Hill Ave

3-24-41 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 22 1941 2:05 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1941 to 3-22 1941 and that I last saw h[illegible] alive on 3-22 1941

Immediate cause of death: Respiratory obstruction Compression of Trachea

Due to: Adenomata of thyroid

Due to (or as a consequence of):

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 4 days

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: M. M. Rantz

Address: Johns Hopkins Hosp. Date signed 3-23-41

F 78964

BALTIMORE CITY HEALTH DEPARTMENT X 48-B F 78964

CERTIFICATE OF DEATH Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 W. Garrison Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 18
(e) Length of stay in Baltimore (yrs., mos., or days) 23days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna M. Harner.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John S. Harner
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	8	12	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name John Franklin Bowman,
13. Birthplace Waynesboro. Penna.

MOTHER
14. Maiden Name Josephine Scepter,
15. Birthplace Maryland.

16 (a) Informant Mrs Ralph G. Morrison,
(b) Address 3510 W. Garrison Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location Emmitsburg, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) MAR 26 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 8.55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1941, to Mar 25 1941, and that I last saw h[illegible] alive on Mar 25 1941.

Immediate cause of death	Duration
Carcinoma Uteras	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Baker M. D.
Address 4831 Park Heights Ave Date signed 3/25/41

VS 3

39#927 78965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C 78965

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Montford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barry Burton Burton F 10068

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-40

8. AGE: Years	Months	Days	If less than one day
	10	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Burton
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Bailey
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A 26 Rd

18 (a) Funeral director Robert E Williams
(b) Address 15-15 McElderry St

19 (a) (Date received) MAR 26 1941 Hunter [illegible] Williams M.D. Johns Hopkins H.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1941 at 1 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1941 to Mar 28 1941, and that I last saw him alive on Mar 23 1941.

Immediate cause of death	Duration
Acute Tracheo bronchitis	4 da.
Due to Type 33 pneumococcus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3/23/41

Major findings of operation: Tracheotomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hilton Fagan Quattlebaum M.D. Johns Hopkins H. Date signed 3/23/41

F 78966

F 78966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4523 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Belair Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Rose Augusta Walter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George J. Walter

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1861

8. AGE: Years	Months	Days	If less than one day
79	7	5	hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Henry Kornmann
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Steublein
15. Birthplace Germany

16 (a) Informant Mrs. George J. Walter, Jr.
(b) Address 4023 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 27 41 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schuab
(b) Address 2101 Frederick Avenue

19 (a) (b)

MAR 26 1941

Registrar

Thomas Jon Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1941 to 3/24 1941, and that I last saw her alive on 3/24 1941.

Immediate cause of death Cancer of Stomach — Duration unknown

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Madden M.D.

Address 6304 Belair Rd. Date signed 3/25/41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-9 Registered No. F 78967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N Fulton
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423-N-Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Ruby Bartholomee Levy

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Oscar G. Levy

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb-1-1869

8. AGE: Years 72 | Months 1 | Days 24 | If less than one day 23 hr. — min.

9. Birthplace Baltimore. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Theo. M. Bartholomee

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Katherine MacLellan

15. Birthplace Baltimore Md.

16 (a) Informant Oscar G. Levy (husband)

(b) Address 423-N-Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (R. F. Bodmer Sub.) 100 N. Howard Avenue

19 MAR 26 1941 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1941 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1940 to March 24 1941. and that I last saw h alive on March 24 1941.

Immediate cause of death Coronary Embolism — Duration 2 hr

Due to Cardiac Valvular Lesion — Duration 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Evans M. D.

Address 6724 40 St Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 2

PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 78968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 78968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Sarah Silberman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 74 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isreal B. Stern
13. Birthplace Russia

MOTHER 14. Maiden Name Hanugh —
15. Birthplace Russia

16 (a) Informant Joe Silberman
(b) Address 2400 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory Northern Ave
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1739 E. Baltimore St.

19 (a) MAR 26 1941 (Date received by Registrar) (b) Huntington Williams, M. D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Mar 26, 1941, and that I last saw her alive on Mar. 25, 1941.

Immediate cause of death: Arteriosclerotic C V D with Hypertension — Duration ?

Due to

Due to

Other Conditions Ac. Pulmonary edema — 15 Minutes

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Susoman M. D.
Address 2340 Eutaw Pl. Date signed Mar. 26, 1941

F 78969 ✓ F 78969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 747 Pennington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓0 years

3 (a) FULL NAME Esther Altschul ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name Zelic Bass
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Same

18 (a) Funeral director Jack Segal Inc
(b) Address 1439 E. Balto St

19 (a) (Signature of local registrar)

MAR 26 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1941 at 10:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Mar. 25 1941, and that I last saw her alive on Mar. 25 1941.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to
Due to
Other Conditions Adenocarcinoma of Rectum. — Duration over 5 mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Same as above
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Wilder M. D.
Address Sinai Hospital Date signed 3-25-41

PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78970 ✓ F 78970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. .....

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gilman Apts. Calvert & 31 Sts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary K. Troxell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Frederick W. Troxell

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/11/56

8. AGE: Years 84 | Months 3 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wm. C. Hopkins
13. Birthplace Delaware

MOTHER
14. Maiden Name Anna M. Keen
15. Birthplace Md.

16 (a) Informant Willard W. Troxell
(b) Address 3714 Winternourne Rd.

17 (a) Burial **(b) Date thereof** 3/28/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director John D. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) MAR 26 1941 (Date received by registrar) **(b)** Hunter-Williams Reg. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to March 25 1941, and that I last saw her alive on March 25 1941.

Immediate cause of death Pneumonia, bronchial.
Arteriosclerosis, Hemiplegia
Due to Arteriosclerosis
Due to .....
Other Conditions Senility (Cerebral Cerebrosclerosis)
(Include pregnancy within 3 months of death)

Duration
1 wk.
2 wk.
Over

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [signature] M. D.
Address 18 E. Eager St. Date signed

F 78971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a Registered No. ✓F 78971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Gilmore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Zina Snowden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Jan 16 - 1892

8. AGE: Years	Months	Days	If less than one day
52 49	2	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lucas Bannister
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Coberth
15. Birthplace md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co
18 (a) Funeral director Sam. H. Chase & Son
(b) Address 638 N. Gilmor St

MAR 26 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 1941 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1941 to Mar 24 1941. and that I last saw her alive on Mar 24 1941

	Duration
Immediate cause of death Brain abscess	? 5 days
Due to Mastoiditis, left	? 8 days
Due to Otitis media left	2 wks
Other Conditions Sterile meningitis	

(Include pregnancy within 3 months of death)

Date of operation 3-23-41
Major findings of operations: Brain abscess
of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Jayour M. D.
Address Johns Hopkins Hosp Date signed 3/26/41

VS 3

F 78972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 78972 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester (If outside city or town limits, write RURAL and give town)
(d) Street No. W — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Herman Philip Thieret

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-0636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Annie Thieret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1886

8. AGE: Years	Months	Days	If less than one day
54	8	9	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Presser
11. Industry or business Laundry

FATHER
12. Name John Thieret
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Fritz
15. Birthplace Penna.

16 (a) Informant Annie V Thieret
(b) Address Manchester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory cemetery
Location Manchester Md

18 (a) Funeral director Jacob Wisner Sons
(b) Address Manchester, Md.

19 MAR 26 1941 (Local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1941, at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1941, to Mar 26 1941, and that I last saw h alive on Mar 26 1941.

Immediate cause of death	Duration
Cardiac failure (Congestive)	
Due to Pneumonia, lobar & pleural effusion	10 days
Due to	
Other Conditions Asthma & myocardial weakness (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Memorial Hosp. Date signed 3/26/41

WHITE PAPER, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 78973 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Barnes St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Barnes St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	married

6 (b) Name of husband or wife Clara Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1890

8. AGE: Years	Months	Days	If less than one day
50	10	23	hr. min.

9. Birthplace Essex County Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Johnson Sr.
13. Birthplace Va.

MOTHER
14. Maiden Name Peggy Green
15. Birthplace Va.

16 (a) Informant Clara Johnson
(b) Address 1407 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location Q. A. County Md.

18 (a) Funeral director Mrs. B. G. Elliott & Daughter
(b) Address 1129 N. Carolina St.

19. (a) MAR 26 1941 (Date received by Registrar) (b) H. Taylor Williams M.D.

VS 8

MEDICAL CERTIFICATION

30 A

20. DATE OF DEATH 3-24 1941, at 2. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1940 to 3-24 1941.
and that I last saw h[illegible] alive on 3-22 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 Mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1500 E. Madison Date signed 8/26

Rayner Browne.

78974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. E 78974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 Gough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Gough St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 1

3 (a) FULL NAME William Pietrkoshey (Pulaski)

3 (b) If veteran, name war

3 (c) Social Security Account No 213-09-2124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wt	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Brickyard Stuko

FATHER
12. Name Stanley Pietrzykowske
13. Birthplace Poland

MOTHER
14. Maiden Name Frania Jachelspi
15. Birthplace Poland

16 (a) Informant Joseph Pulaski
(b) Address 1640 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) MAR 26 1941 (b) Huntington Williams M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 7 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	
Mitral Stenosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Vandersloot M.D.
Medical Examiner.
Date signed 3-26-41

WAITKUNAS

E 78975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-E ✓

Registered No. E 78975

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 23 das
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2256 Sidney Ave Westport (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Waitkunas

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1869

8. AGE: Years 71 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Francis Waitkunas
13. Birthplace Lithuania

MOTHER
14. Maiden Name ?
15. Birthplace LITHUANIA

16 (a) Informant Home for Incurable Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto, Md

18 (a) Funeral director Joseph Rzasnicki
(b) Address 602 Washington Blvd

19 (a) MAR 26 1941 (registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24, 1941, at 9.32 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1941, to Mar. 24 1941, and that I last saw h~~im~~ alive on Mar. 24th 1941.

Immediate cause of death: Toxemia from multiple abscesses — Duration: 4 months
Due to
Due to
Other Conditions: Widespread Vascular Sclerosis / Impacted fracture neck of femur (R) — Duration: Unknown 9-26-40
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept. 26 - 1940 - 2
(c) Where did injury occur? Sept - Eutaw - Camden (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auburn (Specify type of place) While at work? no
(e) Means of injury Struck by spoke of buggy wheel
(f) Signature Thomas Conmy Jr. M. D.

Address 11 E. Chase St. Date signed 3-26-41

Howard J. Wilson M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 78976

MH 62480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1003 S. Bouldin St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Leo Bayless

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	218-09-4558

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1894

8. AGE: Years	Months	Days	If less than one day
46	4	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation cook

11. Industry or business unemployed

FATHER 12. Name Thomas H Bayless

FATHER 13. Birthplace Balto.

MOTHER 14. Maiden Name Mary Catherine

MOTHER 15. Birthplace Balto.

16 (a) Informant Records

(b) Address Balto. City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 28/41 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER

Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 MAR 26 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24-1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7-1941, to 3-24-1941, and that I last saw h[illegible] alive on 3-24-1941.

Immediate cause of death	Duration
Carcinoma of Larynx	?
Due to Pleurop. Hy. Dis.	?
Due to Von Recklinghausen's Dis.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

Autopsy: Pleurop. Hy. Dis.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 3-25-41

78977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-a

Registered No. E 78977

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts.

(c) Hospital or institution: Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Summerfield Farm (If outside city or town limits, write RURAL and give town)

(d) Street No. 7019 E. Biddle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Bopp

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 705 10 9228

4. Sex: MALE

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FLETA M. BOPP

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 26 1881

8. AGE: Years 60 Months 1 Days 28 If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation R.R. ENGINEER

11. Industry or business CANTON R.R.

FATHER

12. Name AMOS BOPP

13. Birthplace PENNA.

MOTHER

14. Maiden Name UNKOWN

15. Birthplace PENNA.

16 (a) Informant FLETA M. BOPP (WIFE)

(b) Address 7019 E. BIDDLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 27/41 (month) (day) (year)

(c) Cemetery or crematory MEADOWRIDGE

Location WASHINGTON BLVD.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

MAR 26 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941, at 6 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1941, to 3-24 1941, and that I last saw him alive on 3-24 1941.

Immediate cause of death	Duration
Cellulitis of abdominal Wall & Extravasation of Urine	4
Due to Paraurethral Abscess	4
Due to Urethral stricture	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Abscess of Perineum Cellulitis of abdominal Wall

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A B Daugherty M. D.

Address Franklin Sq Hosp Date signed 3-24-41

78978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 78978

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 S.CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 S.CLINTON ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 11 years

3 (a) FULL NAME CHARLES POETZEL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215 05 1711A.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CATHERINE POETZEL

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) AUG.10 1874

8. AGE: Years 66 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation BREWER

11. Industry or business FREE STATE BREWERY.

FATHER
12. Name CHARLES POETZEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANTONETTE FISCHER
15. Birthplace GERMANY

16 (a) Informant CATHERINE POETZEL(WIFE)
(b) Address 1008 S.CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.27/41 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Sally J Zader Inc.
(b) Address 403 S.WOLFE ST.

19 (a) Date received by registrar MAR 26 1941 (b) Registrar's signature Hampton Nitt

VS 3

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH MAR. 24 1941, at 4/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to March 24 1941, and that I last saw h in alive on March 22 1941.

Immediate cause of death: Myocardial Degeneration — Duration 3 mo.
Due to Arteriosclerosis — 5 years
Due to Chronic Interstitial Nephritis — 10 years
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. LeGoullon M.D.
Address 601 S. Ellwood Ave Date signed 3/25/41

78979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-B

Registered No. 28929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5429 O'Donnell St. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dennis J. Ortt Birth F-26463

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15/41

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name J. Thomas Ortt
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary A. Horner
15. Birthplace Rosedal Balto Co.

16 (a) Informant J Thomas Ortt
(b) Address 5429 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Fallon & Zeller
(b) Address 403 S. Wolfe St.

19 (a) MAR 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to March 25 1941, and that I last saw h alive on Mar. 25 1941.

Immediate cause of death: Meningitis — Duration 10 Days
Due to Meningocele
Due to Spinal Bifida
Other Conditions Congenital Deformity of Legs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Spinal Bifida, Meningocele

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Baer
Address St. Josephs Hosp. Date signed 3-26-41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... UNFADING INK. Every item of information should be carefully supplied. The

78980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 78980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hawkins Butt-F 25462

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1941

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Frank Hawkins

13. Birthplace Weldon N. C.

MOTHER 14. Maiden Name Jennie Pitchford

15. Birthplace Weldon NC.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 26 1941 Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) MAR 26 1941 (Date received by Registrar) (b) Registrar's signature for Williams

C566

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1941, to 3-23 1941, and that I last saw him alive on 3-23 19 41.

Immediate cause of death Pulmonary Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. K. B. E. Sugar, Jr. M.D.

Address University Hospital Date signed 3/22/41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 78981 Registered No.

Please write plainly with pen, using UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Mc Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Thomas Birth F25705

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1941

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Thomas
13. Birthplace King George Co. Va

MOTHER
14. Maiden Name Mamie Lucy Owens
15. Birthplace King George Co., Va

16 (a) Informant mother
(b) Address 711 Mc Henry St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 26 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore
19 (a) MAR 26 1941 Huntington Williams, M.D.
(b) Address 6355

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1941 to 3-26-1941 and that I last saw him alive on 3-20 1941.

Immediate cause of death	Duration
atelectasis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Lewis M. D.
Address University Hosp. Date signed 3-26-41

VS 2

78982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-F

F 78982 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lexington Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1356 Whatcoat St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Annabelle Neale Birth - F r 3020 ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-41

8. AGE: Years	Months	Days	If less than one day
	1 3/4		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James N. Neale
13. Birthplace Md.

MOTHER 14. Maiden Name Julia CURTIS
15. Birthplace Md.

16 (a) Informant James N. Neale
(b) Address 1356 Whatcoat St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 26 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR 26 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

6358

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27 1941 at 3:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1941, to 3/27 1941, and that I last saw h[illegible] alive on 3/27 1941.

Immediate cause of death Acidosis — Duration 3 days

Due to Dehydration

Due to Diabetes (Non-Insulin)

Other Conditions Congenital Syphilis?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Lucas Jr. M. D.
Address University Hospital Date signed 3/28/41

F 78983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78983 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hospt
(d) Length of stay in hospital or inst~~(yrs., mos., or~~ days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 6th Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR E. FAY SWISHER (Edwin Fay Swisher)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 224-07-5387

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Florence

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 5th 1879

8. AGE Years	Months	Days	If less than one day: hr.	min.
59 64	11	26 25		

9. Birthplace Iowa
(Town, county, and state)

10. Usual Occupation Electrial Constructor

11. Industry or business

FATHER
12. Name Jacob Swishew
13. Birthplace —

MOTHER
14. Maiden Name Mary Shipley
15. Birthplace Unknown

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-41 (month) (day) (year)
(c) Cemetery or crematory Miami Fla.
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

MAR 27 1941 (Date received by Registrar) Hunter-Long-Williams Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 1941 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1941, to Mar 26 1941, and that I last saw h/M alive on MAR 26 1941.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to arteriosclerosis Cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold R. Jost
Address W. B. J. H. Date signed 3/26/41 M. D.

VS 3

The ~~undersigned certifies~~ information herein. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 78984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 78984 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Belnord Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Belnord Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Kopp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John S. Kopp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1870

8. AGE: Years	Months	Days	If less than one day
70	7	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius Neuschaefer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Schuman
15. Birthplace Baltim ore, Md.

16 (a) Informant Husband
(b) Address 711 N. Belnord Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) Filed rec'd by registrar (b) Huntington Hillegas Registrar

VS 41

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to March 25 1941, and that I last saw h[illegible] alive on March 25 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3/25/41
Due to Arterio-Sclerosis + Hypertension	3/23/41 3 yrs
Due to —	
Other Conditions Emphysema	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krummen M. D.
Address 722 N. Kenwood Ave Date signed MAR 26 1941

F 78985 F 78985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 305 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifyr 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Barrett (55902)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1916

8. AGE: Years	Months	Days	If less than one day
24	6	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Jacob Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Harford Co. Md

18 (a) Funeral director Archibald A. Haddix
(b) Address 2101 Mc Culloh St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MAR 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1941, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1940, to Mar. 25, 1941, and that I last saw her alive on Mar. 25, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration April 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address Balto. City Hospitals Date signed 3-25-41

F 78986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 East Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Merritt L Murray

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-09-3557

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hattie A Murray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10 1884
8. AGE: Years 56 | Months 10 | Days 16 | If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business A & P Motor Lines

FATHER
12. Name Charles R Murray
13. Birthplace Va

MOTHER
14. Maiden Name Deanna Garrison
15. Birthplace Va

16 (a) Informant Hattie A Murray
(b) Address 11 E Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory OAK WOOD
Location Charlottesville Va
18 (a) Funeral director Wilson & Cox
(b) Address 1217 E Fayette St
19 (a) MAR 27 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 4:00 M
21. I certify that death occurred on the date above stated; that I attended deceased from Mch 20 1941 to Mch 26 1941, and that I last saw h alive on Mch 26 1941.

Immediate cause of death: Apoplexy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 hrs 41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert W Johnson
Address 117 W Saratoga St Date signed 3/26/41

VS 3

F 78984 64569
MA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-a F 78987 Registered No. 64869

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N. Carey street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Bailey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Beatrice Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1902

8. AGE: Years	Months	Days	If less than one day
39	0	10	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Henry Bailey
13. Birthplace Virginia

MOTHER
14. Maiden Name Caroline Nina
15. Birthplace Virginia

16 (a) Informant Hospitals records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAR 27 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1941 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941, to 3-25 1941, and that I last saw h[illegible] alive on 3-25 1941.

Immediate cause of death	Duration
Carcinoma of larynx & metastases	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-21-41
Major findings of operation: Laryngectomy
of autopsy: Dem C.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 3-27-41

F 78988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Bolton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mano Swarty

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lena Swarty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1864

8. AGE: Years	Months	Days	If less than one day
76	8	22	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Tinsmith
11. Industry or business

FATHER 12. Name Mano D. Swarty
13. Birthplace Austria

MOTHER 14. Maiden Name Sallie Bennett
15. Birthplace Austria

16 (a) Informant Mr. M. Swarty
(b) Address 2014 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Abrid Sonnheim & Son
(b) Address 690 2nd Eastern Ave Place

19 (a) MAR 27 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26/ 1941, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1930, to 3/26/ 1941 and that I last saw h[illegible] alive on 3/26/ 1941.

Immediate cause of death Myocarditis
Due to Pulmonary Edema
Due to Coronary Sclerosis & Thrombosis
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: about a wk. / Nov. 1930

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 1013 N. Charles St. Date signed 3/26/41

VS 3

F 78989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 78989

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Bruce
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Elizabeth Reddick

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Samuel Reddick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 20 May 1875

8. AGE: Years	Months	Days	If less than one day
65	04	5	hr. min.

9. Birthplace Essex Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Holmes
13. Birthplace Va

MOTHER
14. Maiden Name Rachual Williams
15. Birthplace Va.

16 (a) Informant Ida Tynes
(b) Address 620 N Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Auburn
Location Mt Wynnewood.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Huntington Ave

MAR 27 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to March 25 1941.
and that I last saw h[illegible] alive on March 25 1941.

Immediate cause of death	Duration
Myocarditis	4 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Casey
Address 754 Eloza Date signed 3/26/41

78990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. E 78990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Rosekemp Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Rosekemp Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence V. Stehli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Henry Stehli
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	6	21		

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Edward [illegible] Smith
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Miss Ella V. Stehli
(b) Address 3107 Rosekemp Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 29-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Leonard J Lynch
(b) Address 5305 Harford Rd

19 (a) MAR 29 1937 (Date rec'd by registrar) (b) Registrar

VS Huntington Nitrogen, H.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941 to Mar 26 1941, and that I last saw her alive on Mar 25 1941.

Immediate cause of death: Cardiac Dilatation
Due to: Chronic Myocarditis
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 20 Mos. 2 Days / 78 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert J Bixby
Address Med. Arts Bldg Balto Md Date signed 3-26-41 M. D.

78991 OF 29140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Donahue FRANCES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-24-1858

8. AGE: Years 82 | Months 11 | Days 12 2 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name ?
15. Birthplace Ireland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Samuel J. Park

18 (a) Funeral director [illegible]
(b) Address

19 (a) 27 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH 3-26-1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1937, to 3-26-1941 and that I last saw h-e alive on 3-26-1941.

Immediate cause of death: Bronchopneumonia — Duration P

Due to: Gen. A.S. — Duration ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Labadie, M.D.
Address Balto City Hosp Date signed 3-26-41

VS 3

F 78992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 78992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Mitchell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	11	8		

9. Birthplace Philadelphia Penn. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alexander Mitchell
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Henrietta Stump
15. Birthplace Forrville Md

16 (a) Informant L Waters MD
(b) Address 4608 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Church Yard
Location Mt Nottingham Cecil Co Md

18 (a) Funeral director Henry M Durkin & Son
(b) Address Orchard & Mc Culloh Sts

19 (a) MAR 27 1941 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 7:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1941, to March 26 1941, and that I last saw h[illegible] alive on March 26 1941.

Immediate cause of death	Duration
Coronary artery occlusion	
Due to Coronary sclerosis	
Due to Chronic arteriosclerotic Cardio-vascular disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond D. Finn M. D.
Address Women's Hospital Date signed 3-26-41

VS 3

F 78993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 78993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 Dupont Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry R. Byerly

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	213-10-2990

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Lillian Byerly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	9	hr. min.

9. Birthplace Owings Mills, Maryland (Town, county, and state)
10. Usual Occupation Retired - Motorman
11. Industry or business Baltimore Transit Co.

FATHER
12. Name George Byerly
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Emma Lockard
15. Birthplace Unknown

16 (a) Informant Mr. W. D. Raines
(b) Address 3427 Dupont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill Cem.
Location Owings Mills, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAR 27 1941 (Date rec'd by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 11 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941, to Mar. 25 1941, and that I last saw him alive on March 25 1941.

Immediate cause of death	Duration
Coronary Heart Failure	3 days
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Hypertrophied Prostate	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baer M. D.
Address St. Joseph's Hosp. Date signed 3-27-41

F 78994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87-C

F 78994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs. 1 mo 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs. (Florida)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Mrs. Helen P. Covell (HELEN PAULINE COVELL)

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Harry C. Covell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1874

8. AGE: Years 67 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph Bowling
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary Vaughan
15. Birthplace Balto. Md.

16 (a) Informant Home for Incurable
(b) Address Records Perm't W.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address Park & Pr. Aves.

19 (a) Filed MAR 27 1941 (Mo., day, yr.) (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941; at 1 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1938, to March 26 1941, and that I last saw her alive on March 25 1941.

Immediate cause of death Paralysis Agitans — Duration Since 1930

Due to

Due to

Other Conditions Abscess base of spine — March 6 1941

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wagg M. D.
Address 11 E. Chase St. Baltimore Md. Date signed 3/26/41

F 78995

78995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 North Paca Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 North Paca Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD WILLIAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1875

8. AGE: Years	Months	Days	If less than one day
66	0	6	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Peter Williams
13. Birthplace North Carolina

MOTHER
14. Maiden Name Malinaa
15. Birthplace North Carolina

16 (a) Informant Marie Oakley
(b) Address 925 Angyle Avenue

17 (a) Burial, cremation, or removal Burial (b) Date thereof May 29 '41
(month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A Hahn & Sons
(b) Address 918 Druid Hill Ave.

MAR 27 1941
(Date rec'd by registrar) Hunter for William Roche

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm S. Vondenberg M.D.
Medical Examiner.
Date signed 3-27-41

Dr. Howard J. Andelin M. D.

F 78996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A F 78996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 653 W. Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 653 W. Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife William Jones
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Apr - 3-1893

8. AGE: Years 47 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)

10. Usual Occupation Wife -

11. Industry or business

FATHER
12. Name Joseph Pratt
13. Birthplace Essex Co, Va

MOTHER
14. Maiden Name Henrietta Johnson
15. Birthplace Essex Co Va

16 (a) Informant Mary Partlow
(b) Address 600 W Conway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto City

18 (a) Funeral director Israel E. Brown & Son
(b) Address 108 W Montgomery St

13 [illegible] Witness [illegible]

MAR 29 10 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1941, at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1941, to 3/26 1941, and that I last saw h[illegible] alive on 3/25 1941.

Immediate cause of death Uraemia — Duration: 2 weeks

Due to Hypertension — Duration: [illegible]

Due to Chronic Nephritis — Duration: [illegible]

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trumbo M. D.
Address 122 N Lee Date signed 3/26/41

F 78997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 78997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 E Biddle St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 E Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E Ridenour

3 (b) If veteran, name war Spanish War Veteran
3 (c) Social Security Account No. 218-09-9381

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie A. Ridenour (nee Murray)
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Mar 5, 1876
8. AGE: Years 65 | Months 0 | Days 22 | If less than one day ... hr. ... min.
9. Birthplace Hagerstown Md (Town, county, and state)
10. Usual Occupation Retired Watchman
11. Industry or business United Railways Co

FATHER
12. Name William J Ridenour
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Not known
15. Birthplace "

16 (a) Informant Mrs Annie A Ridenour
(b) Address 722 E. Biddle st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location 2530 Frederick Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

(Date received by registrar) Washington Williams M.D. (Registrar)

MAR 27 1941

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 6:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to ... death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Peters M.D. Medical Examiner
Date signed 3/27/41

78998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 78998
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 N. Milton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

6

3 (a) FULL NAME Catherine E. Zipprian

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1854

8. AGE: Years	Months	Days	If less than one day
86	3	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Henry Erbe
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Krise
15. Birthplace Germany

16 (a) Informant Mrs. Clarence Hildebrand
(b) Address 121 N. Milton Ave.

17 (a) Loudon Park (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.
(d) Funeral director Fred. A. Charles & Son
(e) Address 1216 S. Charles St.

19 (a) MAR 27 1941 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26/1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to 3/25 - 1941, and that I last saw her alive on 3/24/41.

Immediate cause of death
Carcinoma of
mammary gland
Duration 6 Months
Due to
cardiac Insufficiency 1 Mo.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stephen D Charles M.D.
Address 1216 S Charles St Baltimore Md
(Sign in full)

F 78999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 78999

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6307 Bellona Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Carleton Bryant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lillian L. Bryant
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) April 4, 1878

8. AGE: Years	Months	Days	If less than one day
62	11	18	... hr. ... min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Clerk - C.C.C.
11. Industry or business

FATHER
12. Name Dr. Frank Bryant
13. Birthplace Penn.

MOTHER
14. Maiden Name Miranda Mitchell
15. Birthplace Penn.

16 (a) Informant Mrs. William Barnett
(b) Address 6307 Bellona Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-28-41 (month) (day) (year)
(c) Cemetery or crematory Kensico Cemetery
Location Valhalla N.Y.

18 (a) Funeral director Thos. J. Dickerson & Sons
(b) Address York & Pat Aves

19 MAR 27 1941 (Date received by registrar) (b) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941, to March 27 1941, and that I last saw him alive on March 27 1941.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to	
Lobar Pneumonia	8 d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Ramann M.D. M. D.
Address Church Home & Inf. Date signed 3/27/41

79000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

Registered No. E 79000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pa. (b) County
(c) City or town: Oxford (If outside city limits, write RURAL and give town)
(d) Street No.: RFD # 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL EWING ROSS, SR.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1884
8. AGE: Years: 57 Months: 6 Days: If less than one day: hr. min.
9. Birthplace: Oxford. Pa. (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business

FATHER
12. Name: Don't know
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Union Memorial Hosp.
(b) Address: 33rd & Calvert.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-41 (month) (day) (year)
(c) Cemetery or crematory: Oxford. Pa.
Location

18 (a) Funeral director: John A. Moran
(b) Address: 3006 Balto St

19 MAR 27 1941 (b) Washington, D.C. (Must be filled in by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1941 at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Mar 27 1941, and that I last saw h~~im~~ alive on Mar 27 1941.

	Duration
Immediate cause of death: Uremia	
Due to: Carcinoma of bladder	over
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Carcinoma bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert C. Crawford, M. D.
Address: Union Memorial Hospital Signed 3/25/41

F 79001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-W

Registered No. F 79001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford Rd & Herring Run

(c) Hospital or institution: Sydenham Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County St Marys

(c) City or town Chaptico, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Ann Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1939

8. AGE: Years	Months	Days	If less than one day
1	6	19	hr. min.

9. Birthplace St. Mary's County (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER

12. Name John H. Morgan

13. Birthplace Clements, St Mary's County

MOTHER

14. Maiden Name Mary D. Morgan

15. Birthplace Charlotte Hall, Md.

16 (a) Informant James H Morgan

(b) Address St Mary's County.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 28 1941 (month) (day) (year)

(c) Cemetery or crematory St Joseph

Location Morganza Md

18 (a) Funeral director W. C. Shattuck & Son

(b) Address Leonardtown Md

19 MAR 27 1941 (b) Huntingtown Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 6:52 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1941, to Mar 26 1941, and that I last saw her alive on Mar 26 1941.

Immediate cause of death	Duration
Respiratory & Cardiac failure	
Due to accidents	
Due to diarrhea	
Other Conditions club foot, left.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul J. Lord

Address Sydenham Hosp. Date signed 3/27/41

79002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. E 79002

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM Edward ROBERTS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-4627

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9-1921

8. AGE: Years	Months	Days	If less than one day
19	11	15	hr. min.

9. Birthplace Durham NC (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Roberts
13. Birthplace Hillsboro NC

MOTHER
14. Maiden Name Willie Lee Holman
15. Birthplace Durham N.C.

16 (a) Informant Mrs Willie Lee Roberts
(b) Address 816 N Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) MAR 27 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941, at 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Bullet wounds of chest.
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence March 24, 1941
(c) Where did injury occur? In front of 624 N. Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Revolver, shot in chest

23. Signature H L Wollenweber M.D. (Medical Examiner)
Date signed 3-27-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79093 — 92-D — E 79093

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 Laurens St. / 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James T. Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 536 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Mar. 5 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

FATHER

13. NAME: Thomas Jackson

14. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md

MOTHER

15. MAIDEN NAME: Sarah Briscoe

16. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

17. INFORMANT: Mrs. Ruby Briscoe
(Address): 536 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington M. Park Date: 3-28 19 4

19. UNDERTAKER: Mrs. Geo. H. Holland
(Address): 1631 Druid Hill Ave

20. FILED: MAR 28 1941 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 19 41

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 19 41 to March 26 19 41

I last saw him alive on March 25 19 41 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Columan M. D.

(Address) 2039 McCulloh

N. B.—WRITE PLAINLY WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39108 | 79004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-a

F 79004

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Greenbelt (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Westway Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Richard Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-28-38

8. AGE: Years	Months	Days	If less than one day
2	9	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Bernard Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Jennison
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 28 1941 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Barnesville MD

18 (a) Funeral director Wm B. Hilton
(b) Address Barnesville MD

19 (a) MAR 28 1941 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941 at 11:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to Mar 27 1941, and that I last saw him alive on Mar 27 1941.

Immediate cause of death	Duration
Hydrocephalus	2 1 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

Communicating hydrocephalus

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walther M. D.
Address Baltimore Date signed 3/27/41

VS 2

F 79005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79005
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Mason

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213102719

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER — 12. Name Joseph Mason
13. Birthplace Balto Md

MOTHER — 14. Maiden Name Martha Fosset
15. Birthplace Carroll Co Md

16 (a) Informant Rose Henson
(b) Address 1650 Eagle st

17 (a) (Burial, cremation, or removal) (b) Date thereof 3. 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director A. Jones
(b) Address 111 S Gilmor st

MAR 28 1941 (Date received by registrar) (b) Huntington Williams Memphis

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Landsdell M.D.
Medical Examiner.
Date signed 3/26/41

VS 6

F 79006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 79006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. England

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Margaret

6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1873

8. AGE: Years 67 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Life Insurance Salesman

11. Industry or business Retired

FATHER 12. Name Christian England

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Seiber

15. Birthplace Germany

16 (a) Informant Carroll H. Arnade

(b) Address 2709 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) (Date received) 1941 (b) Huntington Williamsport Md

MAR 28

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1941, to March 26 1941, and that I last saw h[illegible] alive on March 25 1941.

Immediate cause of death: Coronary Thrombosis Arteriosclerotic Ch d. 30 22 — Duration

Due to: Carcinoma of Rectum

Due to: Cachexia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B Marsh M.D.

Address 601 N Eutaw Date signed 3/27/41

F 79007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 79007 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Michel

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~ widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Henry Michel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2nd 1866

8. AGE: Years	Months	Days	If less than one day
74	11	166	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John J. Peters
13. Birthplace Germany

MOTHER
14. Maiden Name Upkemm
15. Birthplace Germany

16 (a) Informant Henry M. Michel
(b) Address 3403 Harford Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 Filed MAR 28 1941 (b) (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27th 1941, 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941 to March 27 1941 and that I last saw ~~him~~ her alive on March 27 1941.

Immediate cause of death
Acute dilitation of Heart
Due to Arteriosclerosis
Hypertension
Due to Cerebral Hemorrhage
Due to paralysis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 day
? ?
March 20/41

PHYSICIAN
Underline the cause, to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. McKell M. D.
Address 2220 Garrison Blvd. Date signed March 27/41

79008 Dr Patterman 2324 Reisterstown Rd Lab 3325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 79008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Old Spring Lane
(c) Hospital or institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenyon Lewis Covington

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-01-2959

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Barbara T. Covington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10th 1877

8. AGE: Years	Months	Days	If less than one day
63	3	16	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Frankford Distillery

FATHER
12. Name Thomas E. Covington
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Little
15. Birthplace Balto. Md.

16 (a) Informant Barbara T. Covington
(b) Address 1217 E. Biddle St

17 (a) Balto (Burial, ~~cremation, or removal~~) (b) Date thereof 3/29/41 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St

MAR 28 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1941 at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1941 to March 26 1941, and that I last saw him alive on March 25 1941.

~~Immediate cause of death~~ Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Patterman M.D.
Address 2324 Reisterstown Rd Date signed 3/27/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 79009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 79009

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4023 Old York Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4023 Old York Rd

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anna E. McCombe

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Richard H. McCombe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1872

8. AGE: Years	Months	Days	If less than one day
69	1	12	hr. min.

9. Birthplace Phila Pa

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER — 12. Name	Albert Ruff
FATHER — 13. Birthplace	Pa.
MOTHER — 14. Maiden Name	Susan Lancaster
MOTHER — 15. Birthplace	Pa

16 (a) Informant Mrs. Irene M. O'Brien

(b) Address 4023 Old York Rd.

17 (a) Burial (b) Date thereof 3/29/41

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Presbyterian

Location Govans

18 (a) Funeral director Williams Son

(b) Address Huntington Williams, Inc.

MAR 28 1941 (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1941, at 1:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1941, to Mar 26 1941, and that I last saw her alive on Mar 26 1941.

Immediate cause of death	Duration
Acute Cardiac Dilatation	10 min.
Due to Chronic Myocarditis	5 yrs.
Due to Diabetes Mellitus	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Lloyd E. Taylor M. D.

Address 3902 Greenmount Ave. Date signed Mar 27

VS 3

F 79010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 79010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave

(c) Hospital or institution: Home for the Aged of the M. E. Church

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Darling

3 (b) If veteran, name war None

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Charles Darling

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 2nd 1860

8. AGE: Years 80 | Months 4 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for the Aged

FATHER 12. Name John Smith

13. Birthplace Carroll Co. Md.

MOTHER 14. Maiden Name Charity Brown

15. Birthplace Carroll Co. Md.

16 (a) Informant Records Home for the Aged of the M. E. Church

(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1917 St. Paul St

19 (a) 3 31 1941 (Date) rec'd by registrar (b) Huntingtown, Md. Registrar

AR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27th 1941 at 1:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1941 to Mar 27 1941, and that I last saw her alive on Mar. 26 1941

Immediate cause of death Chr. Myocarditis.

Due to

Due to

Other Conditions Chr. Nephritis. Senility.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. E. Shannon M.D.

Address 200 N. Fulton Ave Date signed 3/27/41 M. D.

GROTE

F 79011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 of F 79011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Church Home + Hosp.

(c) Hospital or institution North Broadway.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 30 ✓ 5 7

(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3202 Wicklow Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Addie Grote

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. 5. Color or race White 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1892

8. AGE: Years 48 Months 7 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER 12. Name Henry Grote

13. Birthplace Germany

MOTHER 14. Maiden Name Sophia Weigand

15. Birthplace Baltimore Md.

16 (a) Informant Caroline Grote

(b) Address 3202 Wicklow Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29, 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director George W. Little

(b) Address 2700 Edmondson Ave.

19 (a) 3 28 1941 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1941, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1941 to 3/26 1941, and that I last saw her alive on 3/26 1941.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. Neumann, M.D.

Address Church Home & Hosp. Date signed 3/26/41

VS 8

F 79012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-MF 79012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118-Mary Avenue
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118-Mary Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Gertrude A. Holthaus

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Holthaus

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 10, 1908

8. AGE: Years 32 | Months 11 | Days 15 | If less than one day - hr. - - - min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Charles E. Hesse
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose E. Salisbury Bruff
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. John A. Bauer
(b) Address 3118-Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 MAR 28 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1941, to March 26 1941. and that I last saw her alive on March 20 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 40 hrs

Due to Arterial Sclerosis

Due to Old Injury + Skin Grafts — Jan 1 1941

Other Conditions Cataract Senile June 1941

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Zimmerman M.D.

Address 3858 Harford Rd Date signed 3/28/41

F 79013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 79013

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Harford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Harford Ave 3rd flr
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George L. Crawley

3 (b) If veteran, name war: W.W. Veteran

3 (c) Social Security Account No. 218-05-1477

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellen M. Dunn

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 16, 1899

8. AGE: Years 41 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Taxi-cab Driver.

11. Industry or business

FATHER
12. Name George Crawley
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Kelly
15. Birthplace Baltimore, Maryland

16 (a) Informant Ellen M. Crawley
(b) Address 1404 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Balto. Md

18 (a) Funeral director George D. Tate Jr.
(b) Address 1736 Harford Ave

(c) (Authorized by Registrar) (b) Huntingtown, Md.

MAR 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to death on the day stated above.

Immediate cause of death: Acute and Chronic Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/26/41

VS 6

F 79014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79014

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Henry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Henry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

74

3 (a) FULL NAME James W. Tucker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Sophia Tucker
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 23 1870

8. AGE: Years	Months	Days	If less than one day
70	6	3	hr. min.

9. Birthplace Howard County (Town, county, and state)
10. Usual Occupation Retired Conductor
11. Industry or business B & O. R. R.

FATHER
12. Name Otho Tucker
13. Birthplace Howard County

MOTHER
14. Maiden Name Anna Hippsley
15. Birthplace Howard County

16 (a) Informant Mrs. James Tucker ✓
(b) Address 1510 Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28 / 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Fred. A. Krause & Son
(b) Address 1216 S. Charles St.

19 (a) MAR 28 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1941, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1941, to 3-26 1941, and that I last saw alive on 3-26, 1941.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	1 yr.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Gallod M. D.

Address 707 E. Fort Ave. Date signed 3-27-41

F 79015 ✓ F 79015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Battery Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Lumpkin (LUMPKIN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. Luther Lumpkin
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1877

8. AGE: Years 64 | Months 2 | Days 25 | If less than one day: hr. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Cornelius Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Sally Gorsuch
15. Birthplace Maryland

16 (a) Informant Mrs. Luther Lumpkin
(b) Address 1121 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31st 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director Bernard C. Hank
(b) Address 121 E West St

19 (a) MAR 28 1941 (b) Huntington Hollins, Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1941 to March 27 1941, and that I last saw her alive on March 27 1941.

	Duration
Immediate cause of death: Diabetic acidosis	6 Days
Due to: Diabetic mellitus	1 yrs.
Due to: Died	
Other Conditions: Diabetic gangrene	2 weeks

(Include pregnancy within 3 months of death)

Major findings: Of operations: Rt Thigh Amputation
1 leg - rt
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Ralph Anderson Jr. M. D.
Address Church Home & Infirmary Date signed March 31 1941

VS 3

F 79016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79016

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ✓ No Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ✓ No Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Morris Sapperstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Goldie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Harry Sapperstein
13. Birthplace Russia

MOTHER 14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Jacob Sapperstein
(b) Address ✓ No Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-41 (month) (day) (year)

(c) Cemetery or crematory Herring Run
Location Philadelphia Road & Baroley Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 MAR 28 1941 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 27 1941, at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Mar 27 41, and that I last saw him alive on 3/27 1941.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Arteriosclerosis	
Due to: ✓ Myocarditis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M D Baylin
Address 740 Eutaw Date signed 3/31/41

VS 3

F 79017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 79017

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 No Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 No Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Tobias Polonsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Dan Polonsky
(b) Address 23 No Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 MAR 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1936, to March 27 1941, and that I last saw h[im] alive on March 27 1941.

Immediate cause of death	Duration
Acute Cardiac dilatation	½ hr
Due to Coronary Thrombosis	½ hr
Due to Chr Myocarditis	10 yrs
Other Conditions Hypertension	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Michael S. Hranec M.D.

23. Signature ✓ 360 Eutaw Place
Address Date signed March 29-41 M. D.

F 79018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 79018

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Ruskin Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul S. Shochet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Esther Shochet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant M. Shochet
(b) Address 2211 Ruskin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Ave
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) Mar 28 1941 (b) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 7.35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1941, to 3/27 1941, and that I last saw h'm alive on 3/27 1941.

Immediate cause of death Cardiac failure
pulmonary oedema — Duration 4 days

Due to Cerebral accident
Arteriosclerosis — Duration over

Due to

Other Conditions Arteriosclerotic Gangrene of right foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Tanton M. D.
Address Sinai Hospital Date signed 3/27/41

F 79019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 79019
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2041 Euxton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2041 Euxton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Minnie Berkow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 77 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Passy Omansky
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie
15. Birthplace Russia

16 (a) Informant Nathan Berkow
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-41 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd
Location Landsdowne Md.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) MAR 28 1941 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941 to March 27 1941, and that I last saw him alive on March 27 1941.

Immediate cause of death Arteriosclerosis — Cardiac Dialatation and Bronchial Asthma — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kadrow M. D.
Address 2306 Eutaw Pl. Date signed 3-27-41

F 79020 over. ✓ × F 79020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N. Bentalou 1325 Allendale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon Sachs

3 (b) If veteran, name war W. W. | 3 (c) Social Security Account No. 416-01-7766

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47				

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Traveling Salesman
11. Industry or business

FATHER
12. Name Samuel Sachs
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Husb. Phone
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-41 (month) (day) (year)
(c) Cemetery or crematory Birmingham
Location Alabama

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore

19 (a) MAR 28 1941 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941, to 3-27 1941, and that I last saw him alive on 3-28 1941.

Immediate cause of death Toxemia

Due to Advanced pulmonary tuberculosis & Emphysema & Bronchopneumonia, bilateral?

Due to Severe pulmonary Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pulmonary tuberculosis emphysema
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Kleckner
Address Sinai Hosp. Date signed 3/28/41

79021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79021

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Answer each question correctly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3416 E. Fairmount Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3416 E. Fairmount Ave., (If rural give location)

(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Charles Albert Lauer

3 (b) If veteran, name war

3 (c) Social Security Account No. 220- 01-1605

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ada F. Lauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1898

8. AGE: Years	Months	Days	If less than one day
42	10	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Law Service Publishing

FATHER

12. Name James A. Lauer

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Mary A. Lauer

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ada F. Lauer

(b) Address 3416 E. Fairmount Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1941 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director L. Howard Strong

(b) Address 715 Light St.,

(a) (b)

MAR 28 1941 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1941 at 12.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27, 1939, to March 26, 1941, and that I last saw him alive on March 26, 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 hours
Due to: Arteriosclerosis	Unknown
Coronary Disease	2 yrs.
Due to: Myocarditis	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hilaire artigues M. D.

Address 2942 E. Fayette St. Date signed 3/27/41

F 79022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 79022 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So Balto Gen Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Jacobsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 53 Tuckahoe Rd (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John T. Neidert

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ida May Neidert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 1873

8. AGE: Years	Months	Days	If less than one day
67	4	12	hr. min.

9. Birthplace Pasadena A A Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Adam Neidert
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Jane Lawton
15. Birthplace Md

16 (a) Informant Mrs. Margaret E Wade
(b) Address 2341 Rayner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29/41 (month) (day) (year)
(c) Cemetery or crematory Mayoty Cemetery
Location Jacobsville Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

MAR 28 1941 (Date rec'd by registrar) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1941 to March 26 1941 and that I last saw h[illegible] alive on March 26 1941.

Immediate cause of death	Duration
Hypostatic pneumonia	1 hr.
Due to ulcer or carcinoma of Stomach.	
Due to	
Other Conditions Non-peritonitis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations negative near lesion (ca or ulcer?)
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arbeuston M. D.
Address So. Balto. Gen. Hosp. Date signed 3/26/41

F 79023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 79023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 Dover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Dover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Robb.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Moses Robb
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) — 1880
8. AGE: Years 61 | Months — | Days — | If less than one day ... hr. ... min.
9. Birthplace Essex Co Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Summer

FATHER
12. Name Thomas Lee
13. Birthplace Essex Co Va.

MOTHER
14. Maiden Name Margaret Johnson
15. Birthplace Essex Co Va

16 (a) Informant Irene Jamison
(b) Address Hulett Ferry Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn St
Location Baltimore City

18 (a) Funeral director Isaiah T. Brown & Son
(b) Address 10 W Montgomery St

19 (a) [illegible] Embalming for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1941 to 3/25 1941 and that I last saw her alive on 3/25 1941.

Immediate cause of death Cerebral Hemorrhage.

Due to Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 3/ M. D.

VS 3

F 79024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79024 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 181 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Hyde, Maryland (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Clary (59452)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1902

8. AGE: Years	Months	Days	If less than one day
38	6	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farm Work
11. Industry or business

FATHER
12. Name Eddy
13. Birthplace N. Car.

MOTHER
14. Maiden Name Rose Redman
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Baltimore City

18 (a) Funeral director Harold L Brown & Son
(b) Address 1018 W Montgomery St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MAR 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1941, at 2:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24, 1941, to Mar. 24, 1941, and that I last saw him alive on Mar. 24, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration Aug. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McGlothlin M. D.
Address Balto. City Hospitals Date signed 3-24-41

F 79025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79025 Registered No. 93-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Harlem ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Angeline Chester

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Robert Chester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Cambridge, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER 12. Name Thomas Hicks
13. Birthplace md

MOTHER 14. Maiden Name Elizabeth Moore
15. Birthplace md

16 (a) Informant Maggie Macer
(b) Address 831 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 30-41 (month) (day) (year)
(c) Cemetery or crematory Cambridge, Md
Location

18 (a) Funeral director James A Stayton
(b) Address 142 W Lieb St

19 MAR 28 1941 (b) Harrington Williams, M.D.
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941 at 1140 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to March 1941, and that I last saw h alive on March 1941.

Immediate cause of death	Duration
Myocarditis	Not Kn
Due to Arteriosclerosis	Not Kn
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 831 Harlem Ave Date signed 3-27-41

F 79026 ✓ F 79026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

Registered No.

F 79026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Maisel ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Maisel St (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Julion

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-09-479I

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mammie Mary E Julion
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-10 - 1890

8. AGE: Years	Months	Days	If less than one day
51	I	I6	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Md Glass Corp

FATHER
12. Name Frank Julion
13. Birthplace Italy

MOTHER
14. Maiden Name Rose
15. Birthplace Italy

16 (a) Informant Mary E Julion
(b) Address 2212 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory Loudon PK
Location Frederick Ave

18 (a) Funeral director Edward Fonlon
(b) Address 2317 Wash Blvd.

19 MAR 28 1941 (b) Huntington Maryland

MAR 28 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1941, at 1 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/41 19 to 3/26 1941 and that I last saw h— alive on 3/26/ 1941.

Immediate cause of death: Cardiac Asthma — Duration 2 Months
Due to Mitral regurgitation — a —
Due to Bronchitis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Doan M. D.
Address 2006 W. Lafayette Ave Signed 3/28/41

F 79027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 79027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 FOSTER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 FOSTER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY J. HAINES

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife CATHERINE HAINES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 11 1872

8. AGE: Years	Months	Days	If less than one day
68	5	14	hr. min.

9. Birthplace FREDERICK MD. (Town, county, and state)
10. Usual Occupation SALOON KEEPER
11. Industry or business SELF

FATHER
12. Name JACOB HAINES
13. Birthplace FREDERICK MD.

MOTHER
14. Maiden Name CAROLINE BAULMNEAR
15. Birthplace FREDERICK MD.

16 (a) Informant CATHERINE HAINES (WIFE)
(b) Address 3311 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 28/41 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 [illegible] ST.

19 (a) MAR 28 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 25 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1940, to Mar 25 1941, and that I last saw h.. alive on Mar 25 1941.

Immediate cause of death: Carcinoma of Stomach. — Duration 4-2-43

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 842 S. Foster ave. Date signed 3-26-41

VS 2

F 79028 ✓ F 79028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Taylor Davis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

46

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ulysses Davis
(b) Address 2005 Brunt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-41 (month) (day) (year)
(c) Cemetery or crematory Northumberland
Location Co. Va.

18 (a) Funeral director Geo. S. Kelsay
(b) Address 1303 Pressstman St

19 (a) [illegible] (b) [illegible]

MAR 28 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 3½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/26/41

F 79029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79029

9 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Vincent st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 N Vincent st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY SEYMOUR. - Birth F 10687

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April ? 1940

8. AGE: Years	Months	Days	If less than one day
01	9	26	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Harry Seymour Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Brown
15. Birthplace Maryland

16 (a) Informant Harry Seymour
(b) Address above address.

17 (a) Burial (b) Date thereof 3/29/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm H. Kelly - Kelly
(b) Address 1303 Pennsylvania Ave

19 (a) MAR 28 1941
(Date rec'd by Registrar)
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 6 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration
Due to Whooping cough
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 3-27-41

F 79030

BALTIMORE CITY HEALTH DEPARTMENT 93-D F 79030

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E. Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Barranco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Maria Antonietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1877

8. AGE: Years	Months	Days	If less than one day
64	1	16	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation Barber Retired
11. Industry or business Business

FATHER
12. Name Salvatore Barranco
13. Birthplace Italy

MOTHER
14. Maiden Name Felizia Barranco
15. Birthplace Italy

16 (a) Informant Son Salvatore Barranco
(b) Address 427 E. Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 - 41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipistone
(b) Address 2518 E. Baltimore st

19 (Date rec'd by registrar) Registered by Nathaniel Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 11 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1938 to Mch 26 1941, and that I last saw h alive on Mch 26 1941.

Immediate cause of death Myocarditis — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. F. Barranco M. D.
Address 436 E Fort Ave Date signed 3/26/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age especially important. Physicians: please write the causes of death clearly and legibly.

F 79031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-B

F 79031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 S Madeira St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 S. Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis P. Lort

3 (b) If veteran, name war None.
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizabeth L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15 1885

8. AGE: Years 55 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Kilbourn Wilbourn

FATHER
12. Name Patrick Lort
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Eagen
15. Birthplace Ireland

16 (a) Informant Eleanor Lort
(b) Address 224 S. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 31 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Martin F. E. Dippel
(b) Address 37 S. Amm St.

MAR 28 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1941, to Mar 26 1941, and that I last saw h. alive on Mar 26 1941.

Immediate cause of death: Bronchial pneumonia
Carcinoma of tongue
Duration: 3 days ? 3 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D. Lipsky M. D.
Address 1521 N. Patterson Pk. Date signed 3/27/41

F 79032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK BOOSE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Old age pensioner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Ventura Reyes
(b) Address 1729 Orleans St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 711 Druid Hill Ave.

MAR 28 1941 (Date rec'd by registrar) (b) Huntingtown, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1941, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Arteriosclerosis
Due to
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-25-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

F 79033

F 79033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or the certificate will be returned for correction. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 E. 22nd. St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 E. 22nd. St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Lemmon,

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie J. Lemmon
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 31, 1863

8. AGE: Years	Months	Days	If less than one day
77	9	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation RETIRED Dispatcher
11. Industry or business Taxie Cab.

FATHER
12. Name Benjamin Franklin Lemmon,
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jane Davis
15. Birthplace Baltimore

16 (a) Informant Mrs. Annie J. Lemmon
(b) Address 812 E. 22nd. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director B. Kerman Lemmon
(b) Address 4611 Park Heights

19 (a) MAR 28 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to March 26 1941, and that I last saw him alive on March 25 1941.

Immediate cause of death	Duration
Cardiovascular Desease	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagrellis, M. D.
Address 1324 W Lanvale St Date signed 3/28/41

79034

ORNDORFF X

F 79034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Emmitsburg

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Orndorff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER

12. Name Dave Orndorff

13. Birthplace Carroll County Md

MOTHER

14. Maiden Name Lydia Lyle

15. Birthplace Carroll County Md

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28 41 (month) (day) (year)

(c) Cemetery or crematory Emmitsburg Md

Location Emmitsburg Md

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W. North Ave

(a) Thornton Williams, R.S. Registrar

(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1941, at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1941, to 3-28 1941, and that I last saw h[illegible] alive on 3/28 1941.

Immediate cause of death	Duration
Cardio-vascular degenerative disease	
Acute heart failure	
Due to Subacute combined sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Daniel Hope M.D. M. D.

Address St Agnes Hospital Date signed 3/29/41

79035

55994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79035

Registered No. 55994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo. 21 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 723 W. Lexington Street (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME William H. Grammar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/30/1866

8. AGE: Years	Months	Days	If less than one day
74	6	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation salesman

11. Industry or business

FATHER 12. Name Henry H. Grammar (d)

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Utz (d)

15. Birthplace Maryland

16 (a) Informant Pt.s Baltimore City Hosp.

(b) Address same

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 28 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per B. Mc Ke Moore

19 (a) MAR 28 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1941, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27- 1940, to 3-18- 1941, and that I last saw h[im] alive on 3-18- 1941.

Immediate cause of death: Lobar pneumonia — Duration: 4 days

Due to: Gen. A. S.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy- Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irving Schlatter M. D.

Address Belle Efg Boyd. Date signed 3-27-41

79036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3422 O'Donnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3422 O'Donnell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANDREW FIEDLER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-05-1709

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ada Fiedler

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1881

8. AGE: Years: 59 | Months: 6 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Beer Brewer

11. Industry or business: Brewery

FATHER
12. Name: Andrew Fiedler
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Loeffler
15. Birthplace: Germany

16 (a) Informant: Mrs. Ada Fiedler
(b) Address: 3422 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Colgate, Md.

18 (a) Funeral director: John Illluck
(b) Address: 2002 Eastern Ave

19 (a) (Date received by Registrar) MAR 28 1941 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenmeier Asst. Medical Examiner M.D.

Date signed 3-28-41

F 79037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79037 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S. Highland Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Highland Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY L. THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-01-1945

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edith Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business

FATHER 12. Name Harry L. Thomas
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Laura Jones
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Minnie Gempe,
(b) Address 7801 Eastern Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Colgate, Md.

18 (a) Funeral director John Ullrich.
(b) Address 2008 Orleans St.,

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to 3-26 1941 and that I last saw him alive on 3-26 1941.

Immediate cause of death Encephalomalacia — Duration 2 weeks

Due to arteriosclerosis

Due to

Other Conditions Chronic myocardial degeneration (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gonce M. D.

Address 14 N Eastern Ave Date signed 3-28-41

MAR 28 1941

F 79038

79038 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131-W

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 766 Carroll St. St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A Springer

(a) Residence: No. 766 Carroll St. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Springer

6. DATE OF BIRTH (month, day, year) April 15-1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89 90	11 10	26 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) About 1915

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME John Springer

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Mrs Edw Gunther

(Address) 766 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Date March 28 1941

19. UNDERTAKER Bernard A Fink

(Address) 1500 Broadway

20. FILED MAR 28 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1941 to Mar 26 1941

I last saw him alive on Mar 25 1941. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
old age	
Other contributory causes of importance:	
Interstitial Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Stone M. D.

(Address) 729 Wash. Blvd.

79039---SS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79039

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 13-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 3 mons.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 739 Newington Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nash Marvin Stormes

3 (b) If veteran, name war

3 (c) Social Security Account No. 240-20-8790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Willie Perry Stormes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1911

8. AGE: Years	Months	Days	If less than one day
29	9 6	19	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Bethlehem Steel Co.

FATHER

12. Name Marshall Stormes

13. Birthplace N. C.

MOTHER

14. Maiden Name Sarah Kinlaw

15. Birthplace N. C.

16 (a) Informant B.C.H. records Mrs. N. Perry

(b) Address 739 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) March 30 41

(c) Cemetery or crematory Fallen Baptist Cem.

Location Baltimore Md.

18 (a) Funeral director John O. Mitchell

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Washington Nat'l Ins. Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28- 1941, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27- 1941, to 3-28-1941, and that I last saw h. alive on 3-28- 1941.

Immediate cause of death Lobar pneumonia — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature]

Address Balto City Hosp. Date signed 3-28-41 M. D.

VS 3

F 79040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-41

Registered No. F 79040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Eastern Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 49. years

3 (a) FULL NAME DOLORES FERRARACCI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Vincent Ferraracci
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francesco Di Nunzio
13. Birthplace Italy

MOTHER
14. Maiden Name Incoronato Cardegna
15. Birthplace Italy

16 (a) Informant Joseph Ferraracci
(b) Address 916 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Chappe Road

18 (a) Funeral director Wendell J. Dippel
(b) Address 312 S. Highland Ave

19 (a) MAR 28 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis general	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeier M.D.
Asst Medical Examiner
Date signed 3-25-41

F 79041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41

F 79041 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5212 St. George ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto Co

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5212 St George Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Anna M. Spahn

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Henry Spahn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18, 1867

8. AGE: Years	Months	Days	If less than one day
74		13	hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name John Hufnagel

13. Birthplace Germany

MOTHER 14. Maiden Name Walberga Geis

15. Birthplace Germany

16 (a) Informant Mrs. E. S. Bekham

(b) Address 5212 St George ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd Lot

18 (a) Funeral director J. J. Horan

(b) Address 2004 Eastern

19 (a) [illegible] (Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1938 to Mar 26 1941, and that I last saw h[illegible] alive on Mar 26 1941.

Immediate cause of death	Duration
Diabetes Mellitus	1938
Chron Ulc Nephritis	1940
Due to Chron Myocarditis	1938
Due to	
Other Conditions Pneumonia	1941

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. J. Bishop M. D.

Address 501 Sheridan Av Date signed Mar 26

F 79042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 F 79042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 W Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME CECIL J. DANIELS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1042

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Evelyn B Daniels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1905

8. AGE: Years 35 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Iron Field, N. C. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Florist

FATHER
12. Name Edward Daniels
13. Birthplace N. C.

MOTHER
14. Maiden Name Eleanor Boone
15. Birthplace N. C.

16 (a) Informant Evelyn Daniels
(b) Address 1110 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 592 W. Schroeder St

MAR 28 1941 Harrington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 2.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: hepatitis, acute toxic — Duration
Due to: Bichloride of mercury poisoning
Due to: suicide due to
Other Conditions: no Dementia praecox
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 18, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 3 tablets of bichloride of mercury

23. Signature H. L. Wallenwaber M.D. Medical Examiner.
Date signed 3-27-41

F 79043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79043

Registered No. 9460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lizzie (Rosa) Tuckson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	col	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26

8. AGE: Years	Months	Days	If less than one day hr.	min.
85				

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Arquiter Smith
15. Birthplace Md.

16 (a) Informant Frank Tuckson
(b) Address 1014 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Laural Cem
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 3229 Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAR 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Medical Examiner. M.D.

Date signed 3-26-41

Mary Simmes

F 79044

F 79044 OF 64623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Brune Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marry Simmes (Mary)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1908

8. AGE: Years	Months	Days	If less than one day
32	9	15	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Jake GUNN
13. Birthplace Maryland

MOTHER
14. Maiden Name Leah Jenkins
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAR 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-1941, at 3 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21-1941, to 3-25-1941, and that I last saw h[illegible] alive on 3-25-1941

Immediate cause of death	Duration
Cardiac failure	?
Due to Syphilitic Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Labadie M.D.

Address Balto City Hosp Date signed 3-26-41

F 79045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-B

Registered No. F 79045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Seneca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE T. ELLIOTT

3 (b) If veteran, name war: no
3 (c) Social Security Account No. — CURE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Katie A. Elliott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1858

8. AGE: Years	Months	Days	If less than one day
83	2	26	hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dealer
11. Industry or business Produce

FATHER
12. Name George Thomas Elliott
13. Birthplace Md

MOTHER
14. Maiden Name Martha (Unknown)
15. Birthplace Md

16 (a) Informant Jesse E. Elliott
(b) Address 3412 Seneca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Wilson Cook
(b) Address 2[illegible] Park Ave

19 (a) MAR 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 9:35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration:
Due to: Suicide
Due to: Mental dependency
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Mar. 27, 1941 1:30 P.M.
(c) Where did injury occur? Druid Hill Park Lake (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Jumped in boat lake

23. Signature H. E. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-27-41

VS 6

79046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No. F 79046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given as correctly as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Fendall Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. Colbert H. HOGAN

3 (b) If veteran, name war: NC

3 (c) Social Security Account No. 213-016-925

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Bessie Hogan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23. 1904

8. AGE: Years	Months	Days	If less than one day
36	8	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Insurance agent
11. Industry or business Insurance Co.

FATHER
12. Name Charles Hogan
13. Birthplace Va

MOTHER
14. Maiden Name Nellie Belle Kennedy
15. Birthplace Va

16 (a) Informant Bessie Hogan
(b) Address 3019 Fendall Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Church
Location Oldtown Md

18 (a) Funeral director Mathews & Son
(b) Address 217 E Lexington St

19 (a) MAR 28 1941 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 11:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1941 to Mar 27, 1941, and that I last saw him alive on Mar. 27 1941.

Immediate cause of death: Acute pancreatitis — Duration 41 da.
Due to
Due to
Other Conditions Chronic cholecystitis & cholelithiasis — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations Acute pancreatitis, chr. cholecystitis & cholelithiasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Coffman, M. D.
Address Md. General Hosp. Date signed 3/27/41

79047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 79047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 Highwood Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Highwood Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lissetta Tierney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: William Tierney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1905

8. AGE: Years 36 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Frederick Conrad
13. Birthplace Germany

MOTHER
14. Maiden Name Carrie Frank
15. Birthplace Balto. Md.

16 (a) Informant William Tierney
(b) Address 721 Highwood Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) Huntington Williams, M.D.

MAR 28 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27th 1941, at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1941 to 3/27 1941 and that I last saw her alive on 3/26 1941

Immediate cause of death: Pulmonary Tuberculosis — Duration 8 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Tierney

Address 6701 York Rd Date signed 3/27/41 M. D.

29048
3925826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 29048

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky — (b) County
(c) City or town Louisville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S 4th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph R. Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-88

8. AGE: Years	Months	Days	If less than one day
53		25	hr. min.

9. Birthplace Penn — (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Abraham Lewis
13. Birthplace Lenders

MOTHER
14. Maiden Name J. Greenstein
15. Birthplace Penn -

16 (a) Informant Records
(b) Address Johns Hopkins Hosp.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/28/41 (month) (day) (year)
(c) Cemetery or crematory Brith Sholom
Location Louisville, Ky.

18 (a) Funeral director Ward Sondheim & Son
(b) Address 1202 Eastern Ave

19 MAR 28 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1941 at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1941 to Mar 28 1941. and that I last saw h alive on Mar 28 1941

Immediate cause of death	Duration
Monocytic Leukemia, acute	5 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Briggs
Johns Hopkins Hosp. Date signed 3/28/41

VS 3

79049 MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79049 Registered No. 64737

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. Potomac Street
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME
Antonio Mancini

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Augustina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1891

8. AGE: Years	Months	Days	If less than one day
49	9	14	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Frank Mancini
13. Birthplace Italy

MOTHER
14. Maiden Name Christina Valenti
15. Birthplace Italy

16 (a) Informant Hospitals records
(b) Address 4940 Eastern Avenue 74
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.
18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.
19 MAR 28 1941 (b) Baltimore, Md.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1941, at 3 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1941 to 3-27-1941 and that I last saw h-im alive on 3-27-1941.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	8 hrs.
Due to Hypertension CVD Gen. A-S.	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Subarach. Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-27-41

79050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. E 79050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Fawn St (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Mrs. Iride Bucci ~~Iride Bucci~~

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Late Giuseppe A. Bucci

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16 1886

8. AGE: Years 54 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francesco Minotti
13. Birthplace Italy

MOTHER
14. Maiden Name Addolorata Varrati
15. Birthplace Italy

16 (a) Informant Felice Bucci (Son)
(b) Address 905 Fawn St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Harold Weller Hoen
(b) Address 52 N. Morley St.

19 (a) MAR 28 1941 (Date received) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23, 1941, to March 28 1941, and that I last saw her alive on March 28, 1941.

Immediate cause of death Subarachnoid Hemorrhage — Duration: 5 days
Due to Hypertensive Cardiovasc. Disease — Duration: Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Earl Heath M. D.
Address Mercy Hosp. **Date signed** March 28, 1941

79051

Nelson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153 E 79051

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 Fairmount Ave
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto city
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 E Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U.S.A.? 45 years

3 (a) FULL NAME Mary Emma Nelson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race White | 6 (a) ~~Single~~ married, ~~widowed or~~ divorced

6 (b) Name of husband or wife George F. Nelson

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 10/31/82

8. AGE: Years 62 | Months 4 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and State)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Peter Pfeffer
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Rose
15. Birthplace Maryland

16 (a) Informant Geo F Nelson
(b) Address 2511 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pikstone
(b) Address 2481 E. Balto St

19 (a) [illegible] Huntington Williams, M.D.

MAR 28 1941

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27 1941, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941 to 3/27 1941, and that I last saw h[illegible] alive on 3/27 1941.

Immediate cause of death ERYTHEMA
Carcinoma Multiformé — Duration 1 mo

Due to MULTIFORME — Duration 2 mos

Due to — Duration

Other Conditions Gastritis — Duration 2 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Heaps
Address 1709 Fairmount Ave Date signed 3/27/41

79052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 29052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Grove Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Grove Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Miksunas

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2141

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1869

8. AGE: Years 72 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name John Miksunas
13. Birthplace Lithuania

MOTHER 14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Elizabeth Miksunas
(b) Address 2309 Grove Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Kasunka Inc.
(b) Address 602 Washington Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 27 1941 at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 13 1941 to Mch 27 1941 and that I last saw h in alive on Mch 26 19 41

Immediate cause of death	Duration
Cardio Vascular Disease	7
Due to Bronchial Pneumonia	5 days
Due to Toxemia	25h
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. McKinstry M. D.
Address 1700 East Blvd Date signed 3-28-1941

VS 3

29053
39425-3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157-H

F 29053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 N. Capitol (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fuentis Rea. Riegal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-25

8. AGE: Years	Months	Days	If less than one day
16	11	26	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Charles Riegal
13. Birthplace Penn

MOTHER 14. Maiden Name Irene Reach
15. Birthplace Penn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/41 (month) (day) (year)
(c) Cemetery or crematory
Location Altavista, Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOOSER SUC.) 108 W. NORTH AVENUE

19 (a) MAR 28 1941 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1941 at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1941 to Mar 26 1941 and that I last saw him alive on Mar 26 1941

Immediate cause of death Uremia

Due to Renal disease of undetermined origin.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Lueticken, jr. M. D.
Address Johns Hopkins Hosp. Date signed 3/28/41

VS 8

79054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 79054

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 10 22

(e) Length of stay in Baltimore (yrs., mos., or days) 1 10 22

2. USUAL RESIDENCE OF DECEASED:

(a) State D C (b) County

(c) City or town Washington (If outside city or town limits, write RURAL and give town)

(d) Street No. 3420 - 16th St. N.W. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna P. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1862

8. AGE: Years 79 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Middleburg Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name J. H. Patton

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Alexander

15. Birthplace Virginia

16 (a) Informant Mount Hope Records

(b) Address 6420 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/41 (month) (day) (year)

(c) Cemetery or crematory

Location Wash., D.C.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. MOOSER SUC.) 108 W. NORTH AVENUE

19 MAR 28 1941 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1941, at 1.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1941 to Mar 28 1941, and that I last saw h e r alive on Mar 28 1941.

Immediate cause of death Uremia — Duration 5 days

Due to Chronic Glomerulo Nephritis & Multiple Cystic Kidney — Duration 2 years

Due to

Other Conditions, General Arteno Sclerosis & Psychosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Multiple Cystic Kidney

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward C. Thalen M. D.

Address 6420 Reisterstown Rd signed 3-29-41

79055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-B

Registered No. E 79055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Augusta Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Henry J. Hahn

3 (b) If veteran, name war	3 (c) Social Security Account No.
.....	.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth J. Hahn
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) October 26, 1853

8. AGE: Years	Months	Days	If less than one day
87	5		---- hr. ---- min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry J. Hahn
13. Birthplace Germany

MOTHER
14. Maiden Name Anne M. Schafer
15. Birthplace Germany

16 (a) Informant Mr. Fred Hahn
(b) Address 112 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28. 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore City

18 (a) Funeral director C. B. Shippert & Son
(b) Address 1300 Eutaw Place

19 (a) ..... (b) ..... (Registrar)

MAR 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1941, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from February 25 1941 to Mar. 26 1941 and that I last saw h[illegible] alive on March 25 1941.

Immediate cause of death Myocardial Insufficiency — Duration 1 mo

Due to Cardiac Hypertrophy & mitral regurgitation — 2 mo.

Due to Generalized Arteriosclerosis — Years. 20-30 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milward K. Gallagher M.D.
Address Frederick Ave. Date signed 3/ /41 M. D.

Dr.

79056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

Registered No. F 79056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 do.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2592 W. Fayette St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ona-mary Geiglein — Mary O. Geiglein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Henry H.
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Oct. 31. 1874

8. AGE: Years	Months	Days	If less than one day
66 67	4	27	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation a Housewife
11. Industry or business at Home

FATHER
12. Name Joseph Leipar
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Harry Geiglein
(b) Address 2692 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City.

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1500 Eutaw St.

19 (a) MAR 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1941, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1941, to 3-27 1941, and that I last saw her alive on 3-27 1941.

Immediate cause of death Bilateral Bronchopneumonia
Due to Acute Heart Failure
Due to Myocardial degeneration
Other Conditions Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Tobe M.D.
Address St. Agnes Hospital Date signed 3/27/41.

79057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
48-B

F 79057
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 35 days
(e) Length of stay in Baltimore (yrs., moe., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Hotel Cliff near Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Priscilla (Rumley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Colored or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 - 1876

8. AGE: Years	Months	Days	If less than one day
64	11	8	hr. min.

9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Charles Rumley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E. Barker
15. Birthplace Virginia - England

16 (a) Informant Sr. Mary Clara
(b) Address Hotel Cliff, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29-41 (month) (day) (year)
(c) Cemetery or crematory Mount Cliff
Location Glen Ann

18 (a) Funeral director Geo. M. Fairbairn Son
(b) Address 811 N. W. Eye St.

MAR 28 1941 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27/41 1941, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1941 to 3/27 1941, and that I last saw h.er alive on 3/27 1941.

Immediate cause of death Intestinal obstruction — Duration Unknown

Due to Carcinoma — Duration one

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations abdominal Carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty
Address Bon Secours Hosp. Date signed M. 3 D. 27-41

VS 3

79058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ~ E 79058 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 Pierce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore 25 yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Widowed

6 (b) Name of husband or wife William Foster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 1889

8. AGE: Years	Months	Days	If less than one day
51	11	6	hr. min.

9. Birthplace Alexander Va (Town, county, and state)
10. Usual Occupation House work at Home
11. Industry or business

FATHER
12. Name John Seth
13. Birthplace Alexander Va

MOTHER
14. Maiden Name Ellen Brooks
15. Birthplace St mary Co maryland

16 (a) Informant Mrs Adna Beasley
(b) Address 924 Pierce Stuet

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co Maryland

18 (a) Funeral director Joseph A Lively
(b) Address 404 N. Mount St.

MAR 28 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941 at 11 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 3/27/41

VS 6

79059 MILLS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Princess Anne
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmund Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-1845

8. AGE: Years	Months	Days	If less than one day
96	1	13	hr. min.

9. Birthplace Somerset Co, Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Rezin Mills

13. Birthplace Somerset Co Md

MOTHER 14. Maiden Name Esther Hall

15. Birthplace Somerset Co, Md

16 (a) Informant Mercy Hospital Records

(b) Address Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Princess Anne Cem

Location Princess Anne Md.

18 (a) Funeral director John G Bradshaw

(b) Address Crisfield Md.

19 MAR 29 1941 (b) Huntington Williams, H.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ether Anesthesia

Tuberculosis of Thoracic 7-8-9 Vertebra

Due to Tuberculosis of Sternum

Due to Tuberculous abscess of Mediastinum

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Gordon Trott M.D.
Medical Examiner.

Date signed 3/28/41

VS 6

79060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. E 29060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Withers & Eaton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1603 W. Lombard St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Hannie A. Kapp.

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William Kapp.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 31st 1876

8. AGE: Years	Months	Days	If less than one day
65	2	23	____ hr. ____ min.

9. Birthplace New York N.Y. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business At Home

FATHER

12. Name George C. Wilson

13. Birthplace New York

MOTHER

14. Maiden Name Marian L. Wilson

15. Birthplace New York

16 (a) Informant Wm. F. Kapp

(b) Address 1603 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

MAR 29 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1941 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1941 to 3/26 1941 and that I last saw her alive on 3/26 1941.

Immediate cause of death	Duration
Coronary occlusion	
Due to Cardio-vascular degenerative disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Coronary occlusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Hope M.D.

Address St. Agnes' Hospital Date signed 3/27/41

VS 3

E 79061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 79061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2120 Frederick Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) ~~County~~ City Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2120 Frederick Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Metzler

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-01-3505

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20-1881

8. AGE: Years	Months	Days	If less than one day
59	4	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business J Butler - Bros

FATHER

12. Name John Metzler

13. Birthplace Germany

MOTHER

14. Maiden Name Louise Reader

15. Birthplace "

16 (a) Informant John L. Ulrichaugh

(b) Address 2120 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 De Paul Street

MAR 29 1941 (Date received by Registrar) (Huntington Williams, Jr. M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to March 28 1941, and that I last saw him alive on 3/24 1941.

Immediate cause of death	Duration
Muscular Dystrophy	10 yrs
Due to wasting of muscles of body	
Due to	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos L Parker

Address 2145 W Balto St Date signed 3/28/41

79062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-5-D F Registered No. 79062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 N. Lynhurst St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 N. Lynhurst St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Ball Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Thomas Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/68

8. AGE: Years 72 | Months 5 | Days 26 | If less than one day: hr. min.

9. Birthplace Lancaster Co Va. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name William Ball
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Birch
15. Birthplace Virginia

16 (a) Informant Cecelia Jones
(b) Address 625 N. Lynhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31/1941 (month) (day) (year)
(c) Cemetery or crematory Whitestone Cemetery.
Location Whitestone Va

18 (a) Funeral director Harry N. Amacost
(b) Address 4[illegible]4 Edgewood Ave

19 MAR 29 1941 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to March 29 1941 and that I last saw him alive on 3/29 1941.

Immediate cause of death	Duration
Cancer of maxillary sinus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurlow E Shaw, M.D.
Address 3803 Edmondson Ave Date signed 3/29/41

VS 8

79063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-a F 79063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Harvey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Harvey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Weedon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Glem Weedon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16-1859

8. AGE: Years 81 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John Wm Moran

13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. Jennie Gibson

(b) Address 709 Harvey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 41 (month) (day) (year)

(c) Cemetery or crematory Cedar Bluff

Location Annapolis Md.

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans St

19 MAR 29 1941 (Date received by registrar) Burial in Annapolis, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1/41 19__, to Mar 28/41 19__, and that I last saw h__ alive on Oct 28/40.

Immediate cause of death

Primera Anaemia

Due to PERNICIOUS ANEMIA

Due to

Other Conditions Arthritis Deformans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: Some Months / Day

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry B Kolb MD

Address 709 Harvey St Date signed 3/31/41

VS 3

F 79064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 79064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2549 N. Howard St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-7

3 (a) FULL NAME "Baby" Mosby

Birth - F 2562

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 23, 1941

8. AGE: Years	Months	Days	If less than one day
			1 hr. 5 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Eugene Mosby
13. Birthplace Maryland

MOTHER
14. Maiden Name Ethel Speed
15. Birthplace Maryland

16 (a) Informant Ethel Mosby
(b) Address 2549 N. Howard St.,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 28 1941

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) MAR 29 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1941, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1941, to March 23 1941, and that I last saw him alive on March 23 1941.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams
Address The Johns Hopkins Hospital Date signed 3/25/41

6572

F 79065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. F 79065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 2days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County AnneArundel
(c) City or town Skidmore (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 152 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Hayes

Burial F-5671

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 22, 1941

8. AGE: Years	Months	Days	If less than one day
-	-	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Gilbert Dobson
13. Birthplace Unknown

MOTHER
14. Maiden Name Janie Hayes
15. Birthplace Maryland

16 (a) Informant Janie Hayes
(b) Address Box 152, Skidmore, Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 28 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) MAR 29 1941 (b) Thurlington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1941, at 2:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941, to March 24 1941, and that I last saw h im alive on March 24 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address The Johns Hopkins Hospital
Date signed 3/25/41

VS 3

Spec.—1-10-21—M&T—1500 Blks.

F 79066 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79066

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3551 Bana Vista Ave. ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Thorney

(a) RESIDENCE NO. 3551 Bana Vist Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/27/41

7 AGE Years Months Days If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Everett Thorney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ona Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant (Address)

15 Date MAR 29 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 19 41

17 I HEREBY CERTIFY, That I attended deceased from 3/27. 19 41. to 3/27. 19 41.

that I last saw her alive on 3/27. 19 41

and that death occurred, on the date stated above, at 8:00 A. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward S. Gleaman M. D.

19 (Address) 2687 Wilbert Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY MEDICAL SCHOOL DATE OF BURIAL MAR 28 1941

20 UNDERTAKER COMMISSIONER OF HEALTH ADDRESS

Per H. A. Moore

6369

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

79067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C

Registered No. F 79067

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 N. Linden Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Dubowitz Burth-F 25229

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/41

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isadore Dubowitz
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anne Dvoskin
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Anne Dubowitz
(b) Address 1605 N. Linden Ave, Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 28 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore.

19 (a) MAR 29 1941 Registrar (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1941, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1941, to Mar. 17 1941, and that I last saw h[illegible] alive on Mar. 17 1941.

Immediate cause of death	Duration
Due to Pneumonia ?	none
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Complete autopsy report not yet getting
Of autopsy Pulmonary Edema & Congestion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Moodansky M. D.
Address Sinai Hospital Date signed Mar. 28

3 9 4 6 5 8 — 3 9 0 6 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 79068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs.) mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4136 Mary. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	—

6 (b) Name of husband or wife George
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 2-25-80

8. AGE: Years	Months	Days	If less than one day
61	1	2	hr. min.

9. Birthplace England (Town, county and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name William Taylor
13. Birthplace England

MOTHER
14. Maiden Name Jane Sweet
15. Birthplace England

16 (a) Informant Geo. Brown
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Lansdowne Funeral Home
(b) Address 7401 Belair Road

19 (Date received by registrar) MAR 29 1941 Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH 3-27 1941. at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17- 1941. to 3-27- 1941.
and that I last saw her alive on 3-27 1941

Immediate cause of death Infarction of the myocardium — Duration 2 wks.
Due to Coronary occlusion
Due to Arteriosclerotic H. disease
Other Conditions Generalized arteriosclerosis
Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Myocardial infarction

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lattimer, jr. M. D.
Address Johns Hopkins Hosp. Date signed 3/29/41

VS 3

79069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-D

Registered No. E 79069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Mace Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Bartenfelder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1927

8. AGE: Years	Months	Days	If less than one day
13	7	12	hr. min.

9. Birthplace Balto., Co., Md.
(Town, county, and state)

10. Usual Occupation At school

11. Industry or business

FATHER
12. Name Conrad Bartenfelder
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Margaret C. Neumeister
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. M. Lorah,
(b) Address 602 Mace Ave., Essex

17 (a) Burial (b) Date thereof Mar. 30, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Sykesville, Md.

18 (a) Funeral director Lorah Funeral Home
(b) Address 7401 Belair Road

19 MAR 29 1941 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1941, at 3:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1941 to 3-27 1941, and that I last saw her alive on 3-27 1941

Immediate cause of death Aplastic anemia — Duration 6 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry D. Brill M. D.
Address University Hospt Date signed 3-27-41

79070

64567 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79070 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W Ostend St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Porter

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-07-2795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1895

8. AGE: Years	Months	Days	If less than one day
45	7	24	hr. min.

9. Birthplace N.Car.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

Records

16 (a) Informant
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location

18 (a) Funeral director Eiron O. Wilson
(b) Address 1100 Brantley Ave.

19 (a) (Date rec'd by registrar) (b) Washington Williams M.D.
(Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1941, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19- 1941, to 3-27- 1941, and that I last saw h[im] alive on 3-27- 1941.

Immediate cause of death	Duration
Cardiac failure	7
Uremia	P
Due to Coronary sclerosis	P
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy Coronary sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Washington Williams
Address Balto City Hosp. Date signed 3-29-41 M.D.

F 79071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64728 MH

107

Registered No. F 79071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W 37th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Lloyd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1876

8. AGE: Years	Months	Days	If less than one day
64	5	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore, City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29/41 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Thanhouser & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1941, at 8 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26-1941, to 3-27-1941, and that I last saw him alive on 3-27-1941

Immediate cause of death [illegible] Duration P

Due to [illegible]

Due to Gen. A-S. 7

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Gen A-S.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-27-41

F 79072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 79072

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3542 Buena Vista Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3542 Buena Vista Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1348

3 (a) FULL NAME Mary Idella Duff.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas E. Duff.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1875

8. AGE: Years	Months	Days	If less than one day
65	6 -	16	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name George W. Rothgeb.
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Davis.
15. Birthplace Va.

16 (a) Informant Thomas E. Duff.
(b) Address 3542 Buena Vista Ave.

17 (a) Burial (b) Date thereof Mar 31/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Edmonds & Sonovale
(b) Address 3615 Christmas Ave

19 (a) (Signature of registrar) (b)

MAR 29 1941

Registrar of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1941, at 3.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to March 27 1941, and that I last saw her alive on March 28 1941

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Chronic Pulmonary Tuberculosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy X-ray exam

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address 341 Christian St Date signed

VS 3

F 79073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 79073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 N. Calvert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA JOSEPHINE WELDEN STERR

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hartwell Sterr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 18, 1853

8. AGE: Years 87 | Months 3 | Days 9 | If less than one day: hr. min.

9. Birthplace: Bethlehem, Pa. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: C. F. Welden
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Anna Douglas
15. Birthplace: New York City

16 (a) Informant: Mrs George Drach
(b) Address: 2511 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory: N. Laurel Hill Cem.
Location: Philadelphia, Penna.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

(a) (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941 to March 27 1941, and that I last saw h er alive on March 20 1941.

Immediate cause of death: Endocarditis — Duration

Due to:

Due to:

Other Conditions: Arteeric Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frederick D. O'Neal M. D.
Address: 2527 Calvert St. Date signed

F 79074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 79074

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green 26
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2269 Pentridge Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Treide

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna Treide

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19. 1895

8. AGE: Years	Months	Days	If less than one day
45	7	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Dry Store

FATHER
12. Name Philip C. Treide
13. Birthplace Balto Md

MOTHER
14. Maiden Name Amalia Reisinger
15. Birthplace Wash D C

16 (a) Informant Mrs. Anna Treide
(b) Address Pentridge Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md

18 (a) Funeral director L. Kleyman & Son
(b) Address 512 S Broadway

19 MAR 29 1941 (Date filed by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1941, at 8-10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1941 to 3-27 1941, and that I last saw him alive on 3-27 1941.

Immediate cause of death	Duration
Peritonitis	
Due to Appendicitis	
Due to	
Other Conditions Possible diverticulitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Abrams M. D.
Address 1111 Hosp. Redwood & Green Date signed 3-27-41

VS 8

79075 LUBKING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-c

Registered No. E 79075

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1900 Shirley Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Lubking

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Julius Lubking

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1866

8. AGE: Years	Months	Days	If less than one day
75	2	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Worch

13. Birthplace Germany

MOTHER 14. Maiden Name Pfeiffer

15. Birthplace Germany

16 (a) Informant Mrs. Edw. J. Lubking

(b) Address 3114 Birchcrest

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Frederick Rd

18 (a) Funeral director J. Heyman & Son

(b) Address 32 S. Broadway

19 MAR 29 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1941 at 7 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1941, to 3-27 1941, and that I last saw her alive on 3-27 1941

Immediate cause of death	Duration
(a) Carcinoma of thyroid	
Due to	
Due to	
Other Conditions Hydrostatic pressure due to tumor (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert J. Greene M.D.

Address Redwood & Greene Date signed 3-27-41

VS 8

79076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 79076

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 N. Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis G. Riley

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-01-8170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Hunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1906

8. AGE: Years	Months	Days	If less than one day
34	6	9 17	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Frank Riley
13. Birthplace Penna

MOTHER
14. Maiden Name Margaret Rice
15. Birthplace Penna

16 (a) Informant Rear Adm U. S. Marine Hosp
(b) Address Baltimore Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)

(c) Cemetery or crematory
Location Pittsburg Pa

18 (a) Funeral director A. Reisch Slade
(b) Address 4907 York Road

19 (d) MAR 29 1941 Washington Nationals Hall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 3 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Acute Coronary Occlusion	5 min
Due to Pulmonary Edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Fatty Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Lunderdale M.D.
Medical Examiner

Date signed 3/29/41

VS 6

79077

F 79077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 S. Drew St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Drew St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Simpson Jr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-10-4321

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5/1913

8. AGE: Years 28 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md.
(City, county, and state)

10. Usual Occupation Mechanic Licensed Motor Vehicle Dept.

11. Industry or business

FATHER
12. Name John Simpson
13. Birthplace Hardford Co. Md.

MOTHER
14. Maiden Name Josephine Shane
15. Birthplace Kansas City. Kans

16 (a) Informant Josephine Simpson
(b) Address 415 S. Drew St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Germen Hill Rd.

18 (a) Funeral director Selby & Sons
(b) Address 403 S. Wolfe

19 (a) MAR 29 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27/41 19 . at 7/30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1940, to March 27 1941, and that I last saw him alive on March 27 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 6 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. White M. D.
Address 7610 Eastern Ave. Balto. Md. Date signed 3/27/41

79078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 79078 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Bureau
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 E. PrestonSt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Torrence

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27/1877

8. AGE: Years 63 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Marcus Ritgert
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto Md.

16 (a) Informant Marcus Torrence (Son
(b) Address 1400 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31.41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer cem
Location Belair rd.

18 (a) Funeral director Lilly & Feeley Inc.
(b) Address 403 N. Eutaw St.

19 (a) MAR 29 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1941 to Mar 27 1941, and that I last saw her alive on Mar 27 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hr.
Due to: Purpura — 6 wk.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmed Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Willen M. D.
Address Sinai Hospital Date signed 3-28-41

F 79079 MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45382 93-D

Registered No. 43582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 - 9 - 21
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Garden Hotel 612 E LOMBARD ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Armer (Ernest Ermer)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mabel (d.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/11/1868

8. AGE: Years	Months	Days	If less than one day
73 72	5	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Arnest Armer
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara
15. Birthplace Germany

16 (a) Informant Hospitals records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31/41 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem.
Location O'Donnell St.

18 (a) Funeral director Sally F. Zeiler Inc.
(b) Address 409 N. Wolfe St.

19 (a) MAR 29 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1941, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6-1939 to 3-27-1941, and that I last saw him alive on 3-27-1941.

Immediate cause of death: Bronchopneumonia — Duration 6 days
Due to: Cardiac Failure — 7
Due to: Hypertensive CVD — 7
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 3-28-41

F 79080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6511 Cleveland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Oxmuld West Va.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Crawth West Va.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorabella Ridgel.

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White.	Widowed

6 (b) Name of husband or wife Newton
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 16/70

8. AGE: Years	Months	Days	If less than one day
70	11	13	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Henry Harner
13. Birthplace West Virginia

MOTHER
14. Maiden Name Sarah Capp.
15. Birthplace West Virginia

16 (a) Informant Mrs. Ruddell White.
(b) Address 6511 Cleveland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (month) (day) (year)
(c) Cemetery or crematory Terra Alta W. Va.
Location Terra Alta W. Va.

18 (a) Funeral director J. B. Wiseheart & Son
(b) Address 1200 Eutaw Place
(c) Date received by registrar MAR 29 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1941, to 3/28/ 1941, and that I last saw her alive on 3/28/ 1941.

Immediate cause of death Cerebral Arteriosclerosis
Due to Cerebral Hemorrhage (R-Hemiplegia)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration
1
3 da

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Virgilio M. D.
Address 7001 Bromwell Rd. Date signed 3/29/41
Virgilio: Hyattsville Md

F 79081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. F 79081

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 S Lemmon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen M Tody

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	wh	Widow

6 (b) Name of husband or wife John W Tody
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1857

8. AGE: Years	Months	Days	If less than one day
68	6	12	hr. min.

9. Birthplace Boston Mass
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name William Mullen
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Catherine McGlick
15. Birthplace Portland Maine

16 (a) Informant E Paul Tody
(b) Address 139 S Lemmon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas P Fraunhofer Sons
(b) Address 118 W Mt Royal Ave

19 (a) MAR 29 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Fractures: R femur
patella 3-4-5 ribs, L&R
Due to ulna + radius

Due to

Other Conditions C-V Dis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/30/40
(c) Where did injury occur? 139 S Lemmon Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down flight

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/29/41

VS 6

F 79082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4125 Patter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4125 Patter Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Kimmelshue

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George W. Kimmelshue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1866

8. AGE: Years 75 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Washington Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Retired

FATHER
12. Name Josiah Maser
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Sarah J. McClain
15. Birthplace Frederick Co. Md.

16 (a) Informant Louis N. Kimmelshue
(b) Address 4125 Patter Ave. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Ingleside Ave. Catonsville Md.

18 (a) Funeral director Easton Sons,
(b) Address Ellicott City, Md.

19 (a) 3-29-41 (Date rec'd by registrar) (b) H... [illegible] Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1941, at 12:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19... to 3/26 1941 and that I last saw h... alive on 3/26 1941.

Immediate cause of death: Pulmonary Intermitt...

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alpha H Bowman M.D.
Address 4209 Frederick Ave Date signed 3/28/41

F 79083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

✓X F 79083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. box 2 Guilford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER LEE DEAN

3 (b) If veteran, name war —

3 (c) Social Security Account No.? 280-05-3859

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 23 - 1921

8. AGE: Years 19 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Howard County Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Westinghouse Electric

FATHER 12. Name Henry A. Dean

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Mary V. Griffin

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs Stephen Gross

(b) Address 2038 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31, 1941 (month) (day) (year)

(c) Cemetery or crematory Trinity Cemetery

Location Washington Blvd. Md

18 (a) Funeral director Easton Sons

(b) Address Ellicott City Md

19, (a) 3-29-1941 (Date received by Registrar) (b) 0 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said — find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to —

Due to —

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 28, 1941
(c) Where did injury occur? Route 40 - 2 mi. W. of Ellicott City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury Collision of two autos

23. Signature J. A. Wollenhaben M.D.
Medical Examiner.

Date signed 3-28-41

Dr. Chalfont - 6210 York Road.

F 79084

F 79084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 349 Rosebank Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilson Edgar Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4988

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1880

8. AGE: Years	Months	Days	If less than one day
61	2	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation clerk

11. Industry or business Con. Gas & Electric Co.

FATHER
12. Name John Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie J. Irvin
15. Birthplace Ireland

16 (a) Informant Albert I. Anderson
(b) Address 349 Rosebank Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1941 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Baltimore
Location Baltimore, Md.

18 (a) Funeral director E. LeRoy Stiffler, Inc.
(b) Address 125 E. North Ave.

19 (a) (Signature of registrar) (b) Registrar, Huntington Williams

Mar 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 27 1941, and that I last saw him alive on March 27 1941.

Immediate cause of death	Duration
Tuberculosis, pulmonary.	3 years.
Due to —	
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature A. J. Chalfont M. D.
Address 6210 York Rd. Date signed March 29 1941

F 79085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. F 79085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 403 E. Fort Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 403 E. Fort Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary R. Dunne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Elmer F. Dunne

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 16, 1884

8. AGE: Years 56 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Michael H. Noon

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Elizabeth Cunningham

15. Birthplace Balto. Md.

16 (a) Informant Elmer F. Dunne

(b) Address 403 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) MAR 29 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27 1941, at 7:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1941, to Mar 27 1941, and that I last saw h e alive on Mar 27 1941.

Immediate cause of death: Malignancy of Left Breast with metastases

Due to: b both lungs

Due to: 0

Other Conditions: Acute Cardiac Dilatation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 2

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. H. Barranco M. D.

Address 436 E Fort Ave Date signed 3/28/41

VS 3

79086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓ F 79086 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 2125 W Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Teresa Litchfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Charles A Litchfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb - 7 - 1877

8. AGE: Years	Months	Days	If less than one day
64	1	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Philip Shanahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Minihan
15. Birthplace Ireland

16 (a) Informant Mrs. Alice Schaub
(b) Address 6 S Pulaski

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Sect - M. M - Lot 801

18 (a) Funeral director Marian A Bailey Inc
(b) Address 914 Ellicott Drive Catonsville

19 MAR 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28/1941 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1940 to 3/28 1941, and that I last saw h[illegible] alive on 3/28 1941.

Immediate cause of death Hypertension Cerebral Hemorrhage

Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence V. Haeberle M. D.
Address 1945 W Balto Date signed 3/28/41

VS 3

F 79087 OF 64585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 79087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 688 N. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1871

8. AGE: Years	Months	Days	If less than one day
69	6	9	hr. min.

9. Birthplace (~~Baltimore, Maryland~~) Virginia (Town, county, and state)

10. Usual Occupation NONE (new)

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-29-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A-G County

18 (a) Funeral director Adolph Bob Halata
(b) Address 918 Pennsylvania Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21- 1941, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20- 1941, to 3-21- 1941 and that I last saw him alive on 3-21- 1941.

Immediate cause of death	Duration
Cardiac Failure	?
Due to A-S. Ht Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Cardiac Failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adolph Bob Halata M. D.
Address Balto City Hosp. Date signed 3-28-41

F 79088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79088 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Lobley Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Lobley Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L. Fohlenbaum

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Fred R. W. Bohlen Farmer

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan 6 1874

8. AGE: Years 67 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Morgan Hunt.
13. Birthplace Md.

MOTHER 14. Maiden Name Minnie Bangler
15. Birthplace Penna.

16 (a) Informant Frederick W. Bohlen Farmer
(b) Address 3401 Lobley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Lehmann & Lotz
(b) Address 2334 Edmondson Ave.

19 (a) (Date rec'd) MAR 31 1941 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1941, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to March 28 1941; and that I last saw h[illegible] alive on March 28 1941.

Immediate cause of death
(a) Cerebral Hemorrhage
Due to Arteriosclerosis

Due to

Other Conditions Arteritis deformans
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 week
5 years
20 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hellmuth, Obata & Kassabaum, Inc.
Address 600 Fidelity Bldg. Date signed 3/31/41

F 79089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79089 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Gorsuch ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Frank Saur

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-6093

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Saur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4-1871

8. AGE: Years 69 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name George Saur
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Anna Saur
(b) Address 1114 Gorsuch ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos F Steer & Son
(b) Address 3041 Kentucky ave

19 (a) MAR 20 1941 (Date received by registrar) (b) Huntington W Va (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5-1939, to 3-27-1941, and that I last saw [redacted] alive on 3-26-1941.

Immediate cause of death: Cardio-vascular-renal disease
Due to: arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: Uncertain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2802 Harford Ave Date signed 3-28-41

F 79090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 79090

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2250 Linden Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2250 Linden Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME LEAH SILBERSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ISRAEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace RUSSIA (Town, county and state)

10. Usual Occupation HOUSE WORK

11. Industry or business

FATHER

12. Name LAZER MYERS

13. Birthplace RUSSIA

MOTHER

14. Maiden Name ELKIE

15. Birthplace RUSSIA

16 (a) Informant MRS. M. ABRAMS

(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-30-41 (month) (day) (year)

(c) Cemetery or crematory HEBREW FRIEND SAI

Location BALTO. + CONKLIN ST.

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto St

19 (a) MAR 30 1941 (b) [illegible] Registrar

Flowing for Pulmonary

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to March 28 1941 and that I last saw her alive on March 26 1941

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 days
Due to Chr. Cardio Vascular Renal Dis	2 yrs
Due to Diabetes	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Michael A. Abrams

Address 2360 Eutaw place Date signed 3/29/41 M. D.

F 79091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-3

F 79091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: MERCY Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Normandy Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK B. GREENWOOD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife GRACE B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1891

8. AGE: Years	Months	Days	If less than one day
49	5 4	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation PAPER hanger
11. Industry or business PRIVATE

FATHER
12. Name WM. GREENWOOD
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia BENNETT
15. Birthplace Md.

16 (a) Informant Grace B. Greenwood
(b) Address 412 Normandy Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 30 1941 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 6 37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1941, to March 29 1941, and that I last saw him alive on March 28 1941.

Immediate cause of death CHRONIC NEPHRITIS — Duration 7 mos.

Due to

Due to

Other Conditions HYPERTENSIVE C.V.D. — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy CHRONIC NEPHRITIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Livingood M. D.
Address MERCY Hospital Date signed 3-31-41

F 79092 ✓ XF 79092 9348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in ~~Baltimore~~ (~~yrs., mos., or days~~) 20 Days

2. USUAL RESIDENCE OF DECEASED: Balto.
(a) State Md (b) County A. A. Co.
(c) ~~City or~~ town Rosemont
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Penna Ave
(If rural give location)
(e) ~~Citizen~~ of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ivan Soderstrom ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2527

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband or~~ wife Mary Soderstrom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30th 1890

8. AGE: Years	Months	Days	If less than one day
51	1	29	hr. min.

9. Birthplace Sweden
(Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Chas. T. Brantz Inc

FATHER
12. Name (Unknown) Soderstrom
13. Birthplace Sweden

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary Soderstrom
(b) Address Penna Ave - Rosemont

17 (a) Burial (b) Date thereof April 1st 1941
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAR 30 1941 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1941, to 3/29 1941, and that I last saw him alive on 3/29 1941.

Immediate cause of death	Duration
Lobar pneumonia, Left.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Hope M. D.
Address St. Agnes Hospital (Date signed) 3/29/41 M. D.

F 79093
391104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 79093
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Tinges Lane Waverly (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	D

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-88

8. AGE: Years	Months	Days	If less than one day
52	9	4	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Charles McConnell
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Beatty
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1317 E. Fayette St

19 (a) (Date received by registrar) (b) Registrar

MAR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 29 1941, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN-4 1941, to MAR 29 1941, and that I last saw her alive on MAR 29 1941.

Immediate cause of death	Duration
? Embolus, post-operative	?
Due to: ? Femoral Thrombus,	24-48 hours
Due to Extensive carcinomatosis, from uterine carcinoma	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March 26, 1941
Major findings of operation: Extensive carcinoma, blocking both ureters.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Donald Woodruff M. D.
Address Johns Hopkins Hosp. Date signed 3/29/41

79094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-c

F 79094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2911 Rueckert Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Rueckert Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 3

3 (a) FULL NAME MATHILDE M. WICH

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1853

8. AGE: Years	Months	Days	If less than one day
87	3	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Wich
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Ebert
15. Birthplace Germany

16 (a) Informant Mrs. Emma Daniels
(b) Address 2911 Rueckert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto., Md.

18 (a) Funeral director Lazenby Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 2 0 1941 (Date rec'd by registrar) (b) [illegible] John Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th 1941, at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941, to March 29 1941, and that I last saw h[illegible] alive on March 28th 1941

Immediate cause of death Carcinoma of Thyroid Gland — Duration 2 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature L. L. Goody

Address 5106 Harford Rd. Date signed 3-29-41

F 79095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 79095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 S. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Hoey.

3 (b) If veteran, name war no

3 (c) Social Security Account No. no.

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Margaret V. Hoey
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug 17. 1888

8. AGE: Years 52 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Post Office Clerk.
11. Industry or business Mail P. O.

FATHER
12. Name Henry Hoey.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Effie Beach.
15. Birthplace Baltimore Md

16 (a) Informant Margaret V. Hoey
(b) Address 1413 S. Carey St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mr. Mrs. John W. Pemberton
(b) Address 801 W. Fayette St

MAR 30 1941 (Date rec'd by registrar) (b) Huntingtn Nathanael MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1941, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1939 to 3/28 1941, and that I last saw h[illegible] alive on 3/28 1941.

Immediate cause of death Sarcoma left lung
Due to Metastatic
Due to
Other Conditions

Duration 3 years

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lauckaitis.
Address 679 Washington Blvd Date signed 3/29/41

79096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 79096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Gilhead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Henry Penniman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1864

8. AGE: Years	Months	Days	If less than one day
76	8	19	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Insurance Broker

11. Industry or business

FATHER 12. Name Nicholas G. Penniman
13. Birthplace Baltimore

MOTHER 14. Maiden Name Rebecca Dobbin
15. Birthplace Baltimore

16 (a) Informant Mr. Thomas P. Penniman
(b) Address 922 Gilhead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto Md.

18 (a) Funeral director Henry W. Jenkins Sons & McCulloh-Orchard Co.
(b) Address

19 (a) MAR 26 1941 (Date received by Registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 12 10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941, to March 29 1941, and that I last saw him alive on March 22 1941.

Immediate cause of death	Duration
Terminal bronchopneumonia	3 days
Due to Carcinoma of the Cecum & intestinal obstruction	? 8 days
Due to ~~X~~	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ca of cecum & intest. obstruction
Of autopsy Bronchopneumonia Metastatic Ca

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Ralph Andrews, Jr. M. D.
Address Church Home & Infirmary Date signed 3/29/41

F 79097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 79097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 756 W. Hamburg Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 756 W. Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Woolsey Wright

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Jane Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	7	hr. min.

9. Birthplace Newark, N. J. (Town, county, and state)
10. Usual Occupation Bar tender
11. Industry or business Tavern

FATHER 12. Name John Wright
13. Birthplace England

MOTHER 14. Maiden Name Sarah A. Shuckey
15. Birthplace England

16 (a) Informant Emma J. Wright
(b) Address 756 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Geo. A. Fayle
(b) Address Fulton Ave & Fayette

MAR 30 1941 (Date rec'd by registrar)

19 (a) Hunting to Philadelphia Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29- 1941, at 5-30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Carcinoma - Neck	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 3-30-41

VS 6

79098

HEALTH DEPARTMENT—CITY OF BALTIMORE

79098

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospitals 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy King

If U. S. Veteran specify WAR

(a) Residence: No. 3900 Greenspring Ave. St., ... Ward. Burial-F 25784

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/29/41

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Francis King

14. BIRTHPLACE (city or town) (State or country) Providence, R.I.

MOTHER

15. MAIDEN NAME Loretta Eliz. O'Donnell

16. BIRTHPLACE (city or town) (State or country) Schnectady, N.Y

17. INFORMANT Mrs. Loretta O Donnell

(Address) 3900 Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 3/31 19 41

19. UNDERTAKER Joyce G. Sterling

(Address) Funeral Director Towsontown

FILED MAR 30 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/41, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6 wks -	
caused by Spontaneous	
rupture of membranes -	

Other contributory causes of importance:

Congenital atalectasis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L Kenley Wallace M. D.

(Address) 2839 Walbrook Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 79099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B Registered No. F 79099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 YR
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Kuper St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie C. Spindler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Spindler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 16 1868

8. AGE: Years	Months	Days	If less than one day
72	4	12	hr. min.

9. Birthplace Chicago Ill (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Schlotthober
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Catherine Jones
(b) Address 1714 N. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Robt C. & B. M. Walters
(b) Address Pratt & Fulton Sts

19 (a) Date received MAR 30 1941 (b) Thos. Tipton Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to March 28 1941, and that I last saw h er alive on March 27 1941.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Fullerton M. D.
Address 2324 Reisterstown Rd Date signed 4/25/41

F 79100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79100 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Uuuuuty Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Beale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15, 1940

8. AGE: Years	Months	Days	If less than one day
1	0	11	hr. min.

9. Birthplace Phoenix Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Jerome Beale
13. Birthplace St. Marys, Md.

MOTHER
14. Maiden Name Margaret Maryann Smith
15. Birthplace Whitehall Md.

16 (a) Informant James J. Beale
(b) Address Phoenix Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 1 41 (month) (day) (year)
(c) Cemetery or crematory St Josephs
Location Texas, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) 4-6-1941 (Date received by Registrar) (b) Hunter Lee Williams (Registrar)

MAR 30 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/41 19 to 3/29/41 19 , and that I last saw h-- alive on 3/29/41 19

Immediate cause of death: Bronchopneumonia — Duration: a

Due to — Duration: b

Due to — Duration: c

Other Conditions — Duration: d

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E S Scott M.D.
Address University Hosp. Date signed 3/30/41

16

F 79101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 92-D

F 79101 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 541 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Passaic
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Vreeland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME John D. Denson (Densioff) (Denesaw)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Denson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18/1874

8. AGE: Years	Months	Days	If less than one day
67 62			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ~~Father~~ Daniel Denson
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Elaine Nehyek
(b) Address 541 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31/41 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian Church
Location Anna Rumdel Co

18 (a) Funeral director John J. Mulloy
(b) Address 2334 Jefferson St.

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

MAR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1941, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14, 1941, to March 29 1941, and that I last saw him alive on March 29 1941

Immediate cause of death Pulmonary embolism — Duration 1 day

Due to Chronic valvular heart disease — 5 years

Due to Arteria-sclerosis — 6 years.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Bronushas M. D.
Address 3037 O'Donnell St. Date signed 3-29-41

(over)

F 79102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a F 79102 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore
(c) Hospital or institution: South Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Bentalou St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Heinritz

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec. 26, 1857
8. AGE: Years: 83 Months: 3 Days: 3 If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Electrician
11. Industry or business: —

FATHER
12. Name: Frederick Heinritz
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Germany.

16 (a) Informant: Robert C. Heinritz
(b) Address: 3404 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1941 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Edmondson ave

18 (a) Funeral director: S. Walter May
(b) Address: 619 N. Bouldin St.

MAR 30 1941 (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1941, to March 29 41, and that I last saw h[illegible] alive on March 29 1941.

Immediate cause of death — Duration
Kidney insufficiency — 1 wk
Due to Gen'l arteriosclerosis
Due to
Other Conditions Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address To Balto Gen Hosp Date signed 3/29/41.

F 79103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 79103 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N. Lakewood Ave.,
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Lakewood Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Nemec

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Nemec
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13, 1874

8. AGE: Years	Months	Days	If less than one day
67	-	14	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Frank Nemec
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Vlach
15. Birthplace Czechoslovakia

16 (a) Informant wife
(b) Address 803 N. Lakewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

MAR 30 1941 (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1941, to 3-27 1941, and that I last saw him alive on 3-27 1941.

Immediate cause of death Bronchopneumonia — Duration
Leucemia

Due to Chronic nephritis

Due to

Other Conditions Cirrhosis of liver
Hepatitis acutis
(Include pregnancy within 3 months of death)

over

Major findings:
Of operations Ascites
Of autopsy Confirmed the above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilcox M. D.
Address Sinai Hospital Date signed 3-27

VS 3

F 79104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79104 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 E. Madison St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 E. Madison St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mlavin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Joseph Mlavin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27, 1871

8. AGE: Years	Months	Days	If less than one day
69	4		hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Drimal
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Theresa Urher
15. Birthplace Czechoslovakia

16 (a) Informant Husband
(b) Address 2721 E. Madison St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) (Registered by registrar) (b) Henrietta Wilkinson

MAR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27 1941 at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939 to March 27 1941. and that I last saw her alive on 3/26 1941.

Immediate cause of death	Duration
Arteriosclerotic Cardiac disease	
Cerebral Hemorrhage	
Due to Mitral Insufficiency	
4th degree decompensation	
Due to Hypertension and	
Chronic Nephritis	
Other Conditions Pyuria, Cystitis	
of Colon	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B. Marsh M.D.
Address 801 N. Eutaw Ave Date signed 3/29

F 79105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79105 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 E. 42nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hatter Bull

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1879

8. AGE: Years	Months	Days	If less than one day
61	6	13	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Retired 15 years
11. Industry or business

FATHER
12. Name John Bull
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Fulton
15. Birthplace Maryland

16 (a) Informant Lawrence F. Saffner
(b) Address 1101 E. 42nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by Registrar) (b) Huntington Hilliard (Signature of Registrar)

MAR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1941, to Mar 28 1941, and that I last saw h— alive on Mar 27 1941.

Immediate cause of death Chronic Nephritis, Myocarditis & Hypertension — Duration 2 years

Due to Cardiac Decompensation — 4 wks.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Saffner
Address 36 Fox Date signed 3/31/41

F 79106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 79106 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 E. Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 E. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Crowley

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 4 - 1882

8. AGE: Years	Months	Days	If less than one day
58	5	25	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business St. Joseph Hospital

FATHER
12. Name Patrick Crowley
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Gaffney
15. Birthplace Ireland

16 (a) Informant Mrs Mary Clark
(b) Address 918 E. Biddle Street

17 (a) Burial (b) Date thereof March 31 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore, Md.

18 (a) Funeral director E. W. Donovan
(b) Address 1003 W. Balto Street

19 (a) MAR 30 1941 Huntington Williams, Jr. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29-1941, at 9:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection + Inquiry and that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-
Due to Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Knudsen M.D.
Medical Examiner.
Date signed 3-30-41

F 79107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. F 79107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2237 Brookfield ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) **FULL NAME** Rubin Goncharsky

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Fishkin

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1881

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Self.

FATHER
12. Name Mordecai Goncharsky
13. Birthplace Russia

MOTHER
14. Maiden Name Yudie —
15. Birthplace Russia

16 (a) Informant Isadore Goncharsky
(b) Address 2237 Brookfield ave

17 (a) 3-30-41 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location

18 (a) Funeral director Jack Perwin Inc
(b) Address 1439 E. Balto. St

MAR 30 1941 (Date rec'd by registrar) Huntington Williams Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29- 1941, at 11 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured base of skull — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidents
(b) Date of occurrence 3-29- 1941
(c) Where did injury occur? Cor. Rosewin & Brookfield
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by B.T. Bus

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-30-41

F 79108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 79108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Quinn

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 11, 1894

8. AGE: Years	Months	Days	If less than one day
46	9	17	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Produce dealer
11. Industry or business for self

FATHER
12. Name John C. Quinn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lena Loose
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. V. Quinn
(b) Address 3421 Frederick Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 3/31/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Pollock St

MAR 30 1941 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, Cerebral Laceration	
Cerebral edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Maude Graf M.D. Medical Examiner
Date signed

F 79109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3229 Spalding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3229 Spalding Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Rustic

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Wm. P. Rustic
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	2	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None.

FATHER
12. Name Hugh Coleman.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Bridget Crosby.
15. Birthplace Ireland.

16 (a) Informant Stanley E. Rustic
(b) Address 3229 Spalding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Pk. Heights Ave.

MAR 30 1941 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 27 1941, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Mch 27 1941, and that I last saw her alive on Mch 26 1941.

Immediate cause of death	Duration
Myocarditis	5 yrs
Due to Arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Charles J. Mull M. D.
Address 5276 Park Heights Date signed Mch 30 41

F 79110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79110 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Annapolis
(If outside city or town limits write RURAL and give town)
(d) Street No. 6. Fleet St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Feldstein.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Theodore Feldstein
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1913

8. AGE: Years	Months	Days	If less than one day
28	2	3	hr. min.

9. Birthplace Annapolis Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Blum.
13. Birthplace Europe.

MOTHER
14. Maiden Name Fannie Katzin.
15. Birthplace Europe

16 (a) Informant Max Saltzstein.
(b) Address 3436 Auchentorly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Annapolis Md.

18 (a) Funeral director B. L. Hopkins
(b) Address 172 West St. Annapolis Md.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MAR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 30 1941, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1941, to Mar 30 1941 and that I last saw her alive on Mar 30 1941.

Immediate cause of death	Duration
Diffuse encephalitis	
Cause unknown	
Due to Possibility of arsphenamine	
Due to being Caesarean Patient had received two treatments	
Other Conditions within the last 2 wks.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Stevens
Address University Hospital Date signed 3/30/41 M.D.

F 79111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79111 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & John Sts

(c) Hospital or institution: Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2916 W. North Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Julia Butterworth Jones

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Linwood F. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1886

8. AGE: Years 55 | Months 0 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name George W. Butterworth

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Julia Phillips

15. Birthplace Md

16 (a) Informant Linwood F. Jones

(b) Address 2916 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Parkville Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

MAR 31 1941 (Date rec'd by registrar) Huntington Md (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 11 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to March 30 1941, and that I last saw her alive on March 30 1941.

Immediate cause of death: Hypertensive cardio-vascular disease.

Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None done

Of autopsy None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Linwood F. Jones

Address Hosp. for Women Baltimore Date signed 3-30-41 M. D.

F 79112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 79112 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Gorsuch
(b) Street address 1428 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1428 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher G. Schaefer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-2674

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or wife~~ Anthony Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9th 1878

8. AGE: Years	Months	Days	If less than one day
63	1	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Hochschild Kohn Co

FATHER
12. Name (Unknown) Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Anthony Schaefer
(b) Address 1428 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed 4-1 1941 (Registrar) (b) Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29th 1941, 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1941 to Mar 29 1941, and that I last saw him alive on Mar 29, 1941.

Immediate cause of death	Duration
Myocardial failure	1 day
Due to Chronic Myocarditis	6 mo
Due to Chronic Nephritis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Gramercy Rd Date signed Mar 30

F 79113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79113 Registered No. 9420

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E Read Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E Read St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella T Carroll

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Widowed

6 (b) Name of husband or wife Dyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1856

8. AGE: Years	Months	Days	If less than one day
84	10	27	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Practitioner
11. Industry or business Christian Science

FATHER 12. Name George W. Tregar
FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Rebecca Kenworthy
MOTHER 15. Birthplace Talbot Co, Md

16 (a) Informant Elmira C. Tibbals
(b) Address 811 Bonaventure Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Tillotson Col
(b) Address 1217 N Gould

19 MAR 31 1941 (Date received by Registrar) (b) [illegible] for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Sandenhoff M.D.
Medical Examiner.
Date signed 3/29/41

F 79114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 79114

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3560 S Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3560 S Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN ROGERS

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Anna H. Rogers
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 12th 1887

8. AGE: Years 53 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired Police Officer
11. Industry or business City of Balto.

FATHER
12. Name (Unknown) Rogers
13. Birthplace Virginia

MOTHER
14. Maiden Name — "
15. Birthplace "

16 (a) Informant Miss E. Turner
(b) Address 3560 S. Hanover St

17 (a) Burial (Burial, ~~cremation~~, removal) (b) Date thereof 4/2/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

MAR 31 1941 (Date filed by Registrar) (Signature of Registrar) Huntington Williams Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....
Due to .....
Due to .....
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 3-30-41

VS 6

F 79115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 79115 Registered No.

· WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Inf.
(c) Hospital or institution: Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna E. B. Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1859

8. AGE: Years	Months	Days	If less than one day
81	4		hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name B. A. Clark
13. Birthplace Md.

MOTHER
14. Maiden Name Augusta Ball
15. Birthplace Va.

16 (a) Informant Mr. Walter L. Clark
(b) Address 3120 St Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Henry Hopkins Sons
(b) Address McCulloh & Eutaw Sts

MAR 31 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 7.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941, to March 29 1941, and that I last saw her alive on March 29 1941.

Immediate cause of death	Duration
Intestinal Obstruction	5 days
Bronchopneumonia	
Due to	
Due to	
Other Conditions Arteriosclerosis, etc.	
N.D.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature x H Reimann, M.D.
Address Church Home Inf. Date signed 3/29/41

F 79116

HEALTH DEPARTMENT—CITY OF BALTIMORE

79116

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Lyndale Ave, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Max Schneider

If U. S. Veteran specify WAR —

(a) Residence: No. 3165 Lyndale St, Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr. Auto Parts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Max Schneider

14. BIRTHPLACE (city or town) (State or country) Berlin Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Virginia Burke

(Address) 3165 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place March 31 41 Date [illegible]

19. UNDERTAKER John E Reilly Sons

(Address) 2425 E Oliver St

20. FILED ..... 19.....

MAR 31 1941

[illegible] Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1941 to March 28, 1941

I last saw him alive on March 26, 1941. Death is said to have occurred on the date stated above, at 4:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Cachexia	From Month
Other contributory causes of importance according to Coroner Malignant Growth of and hepatic form Malignant growth of lungs	About 1 yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) O. F. Rees M. D.

(Address) 24 S. Broadway

F 79117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-8

Registered No. F 79117

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct entries are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Ostend St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Pulley (64766)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Rudolph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1918

8. AGE: Years	Months	Days	If less than one day
22	10	21	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Jesse Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Bessie Anderson
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Auburn

18 (a) Funeral director George A. Kelso
(b) Address 1303 Pennsylvania Ave

(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1941, at 4:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 28, 1941, to Mar. 28, 1941, and that I last saw her alive on Mar. 28, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kolodkin M. D.
Address Balto. City Hospitals Date signed 3-28-41

F 79118

79118

OF 59618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

Registered No. F 79118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 E. Madison Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	9	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation unemployed for three yrs.

11. Industry or business

FATHER
12. Name Howard
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carey Cemetery
Location Q. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Eastern Ave. Baltimore, Md.

19 MAR 31 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11 1941 to 3-29 1941, and that I last saw him alive on 3-29 1941.

Immediate cause of death	Duration
Coronary occlusion	? hr.
Due to Hypertension C.V.D.	? yr.
Arteriosclerotic H.D. dis	? yr.
Due to	yr.
Other Conditions Hemiplegia, right	? 5 mos.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Bartlow M. D.
Address Balto. City Hosp. Date signed 3-31-41

F 79119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 aF 79119 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N Stricker St.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balt. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Leo Filipowicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Ecfrugina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8. 1851

8. AGE: Years	Months	Days	If less than one day
89	10	20	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER 12. Name Filipowicz
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Anthony Phillips
(b) Address 117 N Stricker St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director Harry H Yutzke
(b) Address 4101 Edmondson ave
19 (a) MAR 31 1941 (b) Harry H. Yutzke (Signature or firm)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28 1941, at 1845 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27/41 19 to 3/28 19 41, and that I last saw living alive on 3/28 19 41.

Immediate cause of death Post Operative Shock — Duration 24 hrs.

Due to Pulmonary Thrombosis & right Femoral Vein

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Thrombosis of Rt Fem. Vein
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elwood J. Kreiner M. D.
Bon Secours Hosp. Date signed 3/31/41

VS 8

F 79120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-a

F 79120 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Winans Way
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Winans Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry F. Beinschla

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6318

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Snyder Beinschla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1889

8. AGE: Years	Months	Days	If less than one day
51	7	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Treasurer
11. Industry or business West North ave Soap Manf.

FATHER
12. Name Henry Beinschlo
13. Birthplace Md

MOTHER
14. Maiden Name Rifse
15. Birthplace Md.

16 (a) Informant Mrs. Virginia Beinschla
(b) Address 604 Winans Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Kittle
(b) Address 4101 Edmondson av

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MAR 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1941 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/40 19 , to 3/27/ 19 41, and that I last saw him alive on Mar. 27 19 1941.

Immediate cause of death Oligomatous tumor of the brain — Duration 1 yr. 1 mo. own

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/3/40

Major findings of operation: Malignant sarcoma of neuroglia.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Leikel M. D.
Address 1226 Hanover St. Date signed 3/29/ 1941

F 79121

Dr. Walter S. Hibbett
2220 Garrison Blvd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 79121
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution: Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Oakley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sara Holbrook Bobbitt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Wm. H. Bobbitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
83	5	29		

9. Birthplace Laurel Maryland (Town, county, and state)
10. Usual Occupation Postal Clerk
11. Industry or business

FATHER
12. Name George H. Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Price
15. Birthplace Maryland

16 (a) Informant Mrs. Katharine S. Dague
(b) Address 2503 Oakley Ave, Balto 6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks

19 (a) Date received by registrar APR 31 1941 (b) Registered No. 97
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to March 30 1941, and that I last saw her alive on March 30 1941.

Immediate cause of death: Acute dilatation of heart — Duration 1 day
Due to: Advanced arterio-sclerosis — ?
Due to: —
Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Hibbett M. D.
Address March 31/41 Date signed

F 79122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 79122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3816 Spaulding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Spaulding Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry B. Levi

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-6142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rebecca J. Levi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 23 1855

8. AGE: Years	Months	Days	If less than one day
86		7	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation Jewelry Salesman
11. Industry or business

FATHER
12. Name Solomon Levi
13. Birthplace Germany

MOTHER
14. Maiden Name Rebecca Hertzberg
15. Birthplace Germany

16 (a) Informant Mrs. H. B. Levi
(b) Address 3618 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery or crematory Baeth. Hebrew
Location Baeth. Md.

18 (a) Funeral director Harris Lowenheim & Sons
(b) Address 902 Eutaw Place

MAR 31 1941 (Date received by Registrar) Registrar Victor Wilhelm

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to March 30 1941, and that I last saw him alive on March 30 1941.

Immediate cause of death	Duration
Pulmonary edema	5 hrs.
Due to Myocarditis - Endocarditis.	7 yrs.
Due to Mitral regurgitation	7 yrs.
Other Conditions Duodenal ulcer Perforated Pregnancy of Stomach (Include pregnancy within 3 months of death)	7 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred L. DeBarbieri, M. D.
Address 723 N. Howard St. Date signed 3/30/41

F 79123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F Registered No.

F 79123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna W. Ferrell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 11, 1939
8. AGE: Years 1 | Months 4 | Days 17 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Columbus Ferrell
13. Birthplace Catonsville Md.

MOTHER
14. Maiden Name Marie Cross
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Marie Ferrell
(b) Address 1918 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registered by Williams 11-28

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1941, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1941, to 3-28 1941, and that I last saw her alive on 3 1941.

Immediate cause of death: Lobar Pneumonia — Duration: 1 month
Due to
Due to
Other Conditions: Congenital Syphilis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Monaelen M. D.
Address President Hospital Date signed 3-28-41

F 79124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79124 / 108 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 W. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1939

8. AGE: Years	Months	Days	If less than one day
2	2	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John Evans
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Drucilla Hill
15. Birthplace Baltimore Md.

16 (a) Informant John Evans
(b) Address 1639 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Chas H Reynolds
(b) Address 999 Mount St

19 MAR 31 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1941, at 2:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941, to 3-29 1941, and that I last saw h/m alive on 3-29 1941.

Immediate cause of death: Empyema of lung — Duration: 7 days
Due to Pneumococcus
Due to
Other Conditions Lobar Pneumonia — 14 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. P. Marsden M. D.
Address Provident Hospital Date signed 3-30-41

79125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79125 / 94-a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address S. S. Philip & James Church
(c) Hospital or institution: 29th & Charles Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 East 27th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME MARTIN COSGROVE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 74			hr. min

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Cosgrove
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Gatley
15. Birthplace Ireland

16 (a) Informant Patrick F. Lyons
(b) Address 7 East 27th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2, 41 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Fredrick Road

18 (a) Funeral director Margaret D. Flynn
(b) Address 1722 Wright Street

19 (d) MAR 31 1941 (Date received by Registrar) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1941 at 8:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Artery Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulleri M.D.
Medical Examiner
Date signed 3-31-41

F 79126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-a

F 79126

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Riverside Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 1110 Riverside Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph C. Garland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1892

8. AGE: Years	Months	Days	If less than one day
48	7	7	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John T. Garland
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Petty
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Rose Petty
(b) Address 1110 Riverside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2nd-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross, Harford Ave.
Location Baltimore, Md.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light Street

19 (a) ..... (b) ..... Registrar

(Date rec'd by registrar) MAR 31 1941

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Mar. 30th 1941, at 12.40M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941, to March 31 1941, and that I last saw him alive on March 31 1941.

Immediate cause of death	Duration
(a) Pneumonia	5 days
Due to Influenza	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature [illegible] M. D.
Address 1279 Williams St. Date signed Mar 31 1941

F 79127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

F 79127

CERTIFICATE OF DEATH

94-a

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County 1802 East Fayette St.
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred: .....
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County .....
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 623 S. Savage St.
(If rural, give LOCATION)
2.(a) If veteran, name war .....

76 5

3. (a) FULL NAME Sarah Ellen Marcshall

3. (b) Social Security Number .....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife .....
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1864

8. AGE: Years 76 | Months 6 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business .....

FATHER
12. Name Charles F. Marcshall
13. Birthplace Balto.

MOTHER
14. Maiden name Unknown
15. Birthplace .....

16. Informant Gordon Marcshall
Address Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-31-41 (month) (day) (year)
Cemetery or crematory Moreland Park
Location Talyor Ave.

18. Funeral director John G. Connelly
Address Essex, Md.

19. Mar 29 19 41 (registrar's signature) John G. Connelly

MAR 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1941 19 ..... at .....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 19 41 to ..... 19 .....
and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death ..... DURATION

Due to Coronary Occlusion

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other
Address 1732 Fayette St. Date signed 3/29/41

F 79128

79128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 S. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 S. Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sidney Bowens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem'l | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Bowens
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 12 1884

8. AGE: Years 57 | Months — | Days 15 | If less than one day hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Home -

11. Industry or business

FATHER
12. Name Louis Jones
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Bertha Jones
(b) Address 607 W Oliver

17 (a) Burial (b) Date thereof 8-31-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah S. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b)
(Date rec'd by registrar) Registrar

MAR 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1941 to Mar 27 1941, and that I last saw her alive on Mar 27 1941.

Immediate cause of death Cerebral Hemmorhage — Duration 4 days

Due to Hypertension

Due to Neg Arteriosclerosis Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Bradley M. D.
Address 22 W Lee Date signed 3/28/41

79129

BERMAN. 93D

F 79129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hospital

(c) Hospital or institution: Balto.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1612 Moreland Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Isaac Berman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Presser (Retired)

11. Industry or business

FATHER

12. Name Unk

13. Birthplace Russia

MOTHER

14. Maiden Name Unk

15. Birthplace Russia

16 (a) Informant Ben Berman

(b) Address 3900 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Memorial Park

Location Balto. Md.

18 (a) Funeral director Jos. Lewis Inc

(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1941, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1941, to 3-30 1941, and that I last saw him alive on 3-30 1941.

Immediate cause of death

1) Coronary occlusion
2) Cerebral accident?

Due to Arteriosclerosis

Due to Terminal C-V-Disease

Other Conditions Benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D. Wilder

Address Sinai Hospital Date signed 3-30-41

F 79130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-7

F 79130
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN KING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Lottie Jackson
(b) Address 206 Jasper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt Wyman Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 (a) MAR 31 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1941, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 3-16-41

VS 6

79131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 79131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. THE correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2042 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma V. Hickey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Hickey (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8-1887

8. AGE: Years	Months	Days	If less than one day
63	5	21	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Joseph Emma

13. Birthplace Balto County

MOTHER 14. Maiden Name Emley Rollins

15. Birthplace Balto County

16 (a) Informant John Hickey

(b) Address 1300 Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (month) (day) (year)

(c) Cemetery or crematory Edmondson

Location Catonsville Md.

18 (a) Funeral director Leonard J Peck

Address 5305 Reisterstown Road

19 (a) (Undertaker's registrar) (b) Huntington West Virginia Registrar

VS 3-41

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29-41 19 , at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28/ 1941 to 3/29/ 1941, and that I last saw h-r alive on 3/29/ 1941.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Cardiac Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Wheeler

Address 1919 E. North Ave Date signed 3/31/41 M. D.

F 79132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

F 79132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Woodbourne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Woodbourne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Gunning McGarity

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Bernard J. McGarity
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1887

8. AGE: Years	Months	Days	If less than one day
53	10	1	hr. min.

9. Birthplace Baltimore, Md. (Town, County, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael E. Gunning
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Pierce
15. Birthplace Ireland

16 (a) Informant Mr. Albert McGarity
(b) Address 502 Woodbourne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) [illegible], Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 7.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1941 to 3-29 1941, and that I last saw her alive on 3-29 1941.

Immediate cause of death: Pulmonary Edema - Cardio-Vascular Disease. Duration: Sudden 3 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Fiorozzo M. D.
Address 5217 York Road Date signed 3 30 44

F 29133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 29133 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness of this certificate is especially important. Physicians: please write the causes of death clearly and legibly.

PARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2931 N. Charles
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 N. Charles Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Edgar A. Peterson Jr. M. D.

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Drusilla Hunter
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 8, 1881

8. AGE: Years	Months	Days	If less than one day
59	9	21	-- hr. -- min.

9. Birthplace Greensboro, Alabama (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business -------

FATHER
12. Name John Albert Peterson M.D.
13. Birthplace Alabama

MOTHER
14. Maiden Name Mollie Rush
15. Birthplace Alabama

16 (a) Informant Edgar A. Peterson 2nd
(b) Address 3614 S St., Washington, D.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/31/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick & Loudon Avenues

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

(a) (Date rec'd by registrar) Hearing for Williamsburg

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29-1941, at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

3rd. & 4th. degree Burns

Due to Burns

Due to Body is completely charred

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-29-1941 12-7
(c) Where did injury occur? 2931 N Charles Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Bowden Medical Examiner M.D.
Date signed 3-30-41

F 79134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79134

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 N. Parrish St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925N. Parrish St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgiana Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/7/1881

8. AGE: Years	Months	Days	If less than one day
59	5 4	20	hr. min.

9. Birthplace Jonesville, S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lewis Cloney
13. Birthplace S.C.

MOTHER
14. Maiden Name Sylvia ?
15. Birthplace S.C.

16 (a) Informant Mary Bastfield (Daughter)
(b) Address 925 N. Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Charles Hooper
(b) Address 514 N. Calhoun St.

19 (a) MAR 31 1941 (Date rec'd by registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1941, to 3-27 1941, and that I last saw he alive on 3-27- 1941.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: Hypertension & Sclerosis — Duration: unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. F. Saunders M. D.
Address 0294 Stricker St. Date signed 3-31-41

F 79135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 79135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 803 Powers St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs. Catherine M. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife George Jenkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1910

8. AGE: Years 30 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Sam Hampshire

13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Mary Eidman

15. Birthplace Va

16 (a) Informant George Jenkins

(b) Address 803 Powers St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615 Pheasant Ave

19 (a) (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1941, at 9:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1941 to 3-28 1941, and that I last saw him alive on 3-28 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. J. Coffman

Address Md. General Hosp. Date signed 3/28/41

F 79136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 79136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 S.CONKLING ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 S.CONKLING ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GUSTAKIS LAWSON

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ANNA E.LAWSON
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): AUG.18 1871 (66)

8. AGE: Years: 79 | Months: 7 | Days: 11 | If less than one day: ..... hr. ..... min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: RETIRED
11. Industry or business: PENNA. R.R.

FATHER
12. Name: BENNETT R.LAWSON
13. Birthplace: BALTIMORE MD.

MOTHER
14. Maiden Name: MARGARET BOLDIN
15. Birthplace: ST.MARYS CO.MD.

16 (a) Informant: INF.ROSE BOWERS
(b) Address: 271 CARNATION AVE.N.Y.CITY.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR.1/41 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE.EXT.

18 (a) Funeral director: Lillyt Zeiler INC.
(b) Address: 403 S.WOLFE ST.

19 (a) Date rec'd by Local Registrar: MAR 31 1941 (b) Registrar: [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 29 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1941, to March 29 1941, and that I last saw him alive on March 24, 1941.

Immediate cause of death: Coronary Sclerosis
arteriosclerosis
Due to: .....
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations: .....
Of autopsy: -

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: -
(b) Date of occurrence: -
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: -

23. Signature: Lindsay Hamilton M.D.
Address: 2039 Edelen St. Date signed: 3/30/41

F 79137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

313 Registered No. ✓F 79137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3514 Park Heights,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 + 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah F. Gisriel

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Z. Gisriel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 26, 1856

8. AGE: Years: 84 | Months: 5 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: at home

FATHER
12. Name: William Lewis
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Clifford
15. Birthplace: Ireland

16 (a) Informant: Mr. Frank J. Gisriel,
(b) Address: 1256 E. North Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Balto. County.

18 (a) Funeral director: C. Lerner & Lemmon.
(b) Address: 4611 Park Heights Ave.

19 (a) Date received by registrar: MAR 31 1941 (b) Registered: Huntington Williams, M.D.
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1941 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27- 1941, to Mch 29- 1941, and that I last saw her alive on Mch 29- 1941.

Immediate cause of death: Edema of Lungs — Duration: 3 days
Due to: Bronchitis - 30 days
Due to: Chronic Nephritis 2 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E Gill Hall M.D. M. D.
Address: 1631 E. North Ave. Date signed

79138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 ✓ Registered No. 79138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Lauretta Di Stefano

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Fe
5. Color or race: Wh
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: late Luigi Di Stefano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 15/869

8. AGE: Years: 72 | Months: 2 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at home

FATHER
12. Name: Joseph Di Vincenzo Clemenza
13. Birthplace: Italy

MOTHER
14. Maiden Name: Madaline ?
15. Birthplace: Italy

16 (a) Informant: Johns Hopkins Hosp. Records
(b) Address: Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1st 41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Vore
(b) Address: 52 N. Morley St. Huntingtown, Indiana

MAR 31 1941 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1941, at 9 40/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, rt tibia
Pulmonary Embolism — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 3/16/41
(c) Where did injury occur: Chase & Milton Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Pedestrian struck by motor
23. Signature: W. H. Blandenburg M.D. Medical Examiner.
Date signed: 3/29/41

VS 6

F 79139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. F 79139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 N. McElderry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Andrew Stadler

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-09-8077

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Mar.

6 (b) Name of husband or wife: Barbara Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	6	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Railroad

FATHER
12. Name Vincent Stadler
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Bieth
15. Birthplace Austria

16 (a) Informant Barbara Stadler
(b) Address 1927 N McElderry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4400 Belair Rd.

18 (a) Funeral director Martin W. Fitzpatrick & Sons
(b) Address Lombard & Fremont Sts.

19 (a) Filed MAR 31 1941 (Date filed by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 10:22 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fracture, base of skull, cerebral edema & hemorrhage	
Due to Head hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/27/41
(c) Where did injury occur? Washington Ave & Howard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Conveyance-Vehicular - Collision with auto

23. Signature H. Williams M.D. Medical Examiner.
Date signed 3/28/41

F 79140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. F 79140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: FRANKLIN SQUARE HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 - 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 N. Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Edward Harrison - Birth F16891

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 8 1940

8. AGE: Years | Months: 5 | Days: 21 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name CARL LEE HARRISON
13. Birthplace MD

MOTHER
14. Maiden Name RITA RUSSO
15. Birthplace MD.

16 (a) Informant MRS. LIONAL DUVALL
(b) Address ELLICOTT CITY MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 1 1941 (month) (day) (year)
(c) Cemetery or crematory ST. JOHNS
Location ELLICOTT CITY MD

18 (a) Funeral director F. C. HIGINBOTHAM
(b) Address ELLICOTT CITY MD

19 MAR 31 1941 (Date rec'd by Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1941 to 3-29 1941 and that I last saw h[illegible] alive on 3-28 1941.

Immediate cause of death: Lymphoid Hyperplasia
Lobular Pneumonia
Dehydration
Due to Diarrhea
Due to Lymphoid Hyperplasia
Other Conditions

Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobular Pneumonia Lymphoid Hyperplasia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zacs M. D.
Address Franklin Sq. Hosp. Date signed 3-29-41

F 79141 ✓ F 79141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5257 Nelson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Rose Mc Baker

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Ernest Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1880

8. AGE: Years: 61 | Months: 2 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Wm. Jorden

13. Birthplace: Md.

MOTHER 14. Maiden Name: Alice Williams

15. Birthplace: Md.

16 (a) Informant: Mr. Ernest Baker

(b) Address: 5257 Nelson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.

(b) Address: North & Pa. Avenues

19 (a) (Signature of local registrar) (b) Wm. J. Tickner, M.D. Registrar

MAR 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29-41 19 , at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-41 19 to 3-29-41 19 , and that I last saw h. alive on 3-29-41

Immediate cause of death: Brain tumor 3rd ventricle — Duration: days

Due to:

Due to:

Other Conditions: Arteriosclerosis Acute arthritis.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Charles Rhode M. D.

Address: University Hosp. Date signed 3-29-41

Call Dr. Arnold 4/5/41 12 o'c

F 79142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79142

CERTIFICATE OF DEATH

108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Stricker St. 151 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Avon Carr

(a) Residence: No. 643 N. Stricker St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Carr

6. DATE OF BIRTH (month, day, year) Dec 23 - 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	3 4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Geo Albert Carr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Viola Simpson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Nycolia S. Carr
(Address) 24 13 Etting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lebanon Mem. Pk. Date April 1 - 41 19

19. UNDERTAKER Archibald H. Gadsden
(Address) 3101 McCulloh St

20. MAR 31 1941 19 Huntington Ave. Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 19 41

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 19 41, to 3/26, 19 41

I last saw him alive on 3/27, 19 41. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Burkett M. D.

(Address) 3 39 Dr. Ln

F 79143

COR PROW

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. F 79143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Thomas Coprew

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7924

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1902

8. AGE: Years	Months	Days	If less than one day
39	2	30?	hr. min.

9. Birthplace Statesville, North Carolina (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name John Coprew
13. Birthplace Bapt, N. Carolina

MOTHER
14. Maiden Name Nora Ried
15. Birthplace Rad. N. Car.

16 (a) Informant Hannah Coprew
(b) Address 212 N Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (month) (day) (year)

(c) Cemetery or crematory Washington, D. C.
Location Washington D. C.

18 (a) Funeral director Archibald A. Liddie
(b) Address 2101 McCulloh St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MAR 31 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 5 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Depressed fracture of skull Intracranial Injury	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 3-2
(b) Date of occurrence 3/28/41 Fort Carolina St
(c) Where did injury occur? 55 E Eastern, Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell through hatchway

23. Signature Wm H Vandeventer M.D. Medical Examiner.
Date signed 3/31/41

F 79144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 79144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green

(c) Hospital or institution: University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Abingdon Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank C. Turner.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3738

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Mary Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 70. | Months | Days | If less than one day hr. min.

9. Birthplace Harford Co, Md, (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Rail Road Fireman

FATHER 12. Name Frank Turner

13. Birthplace Maine

MOTHER 14. Maiden Name Mary Hays

15. Birthplace Md

16 (a) Informant Mary Turner

(b) Address Abingdon, Md,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1941 (month) (day) (year)

(c) Cemetery or crematory Rock Run Cem

Location Harford Co, Md

18 (a) Funeral director H. S. Bailey

(b) Address Darlington, Md

19 MAR 31 1941 (Date received by registrar) (b) Huntington, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31 1941, at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1941, to Mar. 31 1941, and that I last saw him alive on Mar. 31 1941.

Immediate cause of death Carcinoma probably of liver. @

Due to Metastasis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry A Baile M. D.

Address 3.31.41 Date signed 3

University Hospital

79145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E ✓ E 79145 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Yolanda Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY JANE KUETHE Burtle F 14110

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	None	female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1940

8. AGE: Years	Months	Days	If less than one day
	7	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James L. Kuethe
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Lee Whitson
15. Birthplace N. Y. State

16 (a) Informant James L. Kuethe
(b) Address 3623 Yolando Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Jos. Mus. J. N. Geisel's Son
(b) Address 201 W. Fayette St

MAR 31 1941 (Date rec'd by registrar) Washington Nicholson, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 41, at 9:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage - Intracranial Contusion of Brain	
Due to	
Due to	
Other Conditions Pulmonary Edema and Congestion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-26-41
(c) Where did injury occur? 3623 Yolanda Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Strangulation. by cord

23. Signature Howard J. Lineaweaver M.D. Medical Examiner.
Date signed 3-31-41

F 79146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 79146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Av Dutchland St
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Mosher Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Laura C Young

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Gilbert M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-1874

8. AGE: Years	Months	Days	If less than one day
66	3	27	hr. min.

9. Birthplace Savage, Howard Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Charles Wallace Wallace
13. Birthplace Savage Maryland

MOTHER
14. Maiden Name Laura Hastup
15. Birthplace Savage Md

16 (a) Informant Mrs. Orion C. Young
(b) Address 98 Carrollton - Hal 6291

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1-41 (month) (day) (year)
(c) Cemetery or crematory Savage Cemetery
Location Savage Maryland

18 (a) Funeral director C. A. Shippert & Son
(b) Address 1700 Eutaw Pl

19 (a) MAR 31 1941 (Date rec'd by registrar) Huntington White Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1941, to 3-28 1941, and that I last saw her alive on 3-28, 1941.

Immediate cause of death	Duration
Acute Hemorrhagic Pancreatitis	3 days
Due to	
Due to	
Other Conditions Cholecystitis & Cholelithiasis (Include pregnancy within 3 months of death.)	Chronic
Major findings: Glaucoma Heart Disease	
Of operations Acute pancreatitis	
Bloody fluid in peritoneal Cavity	
Of autopsy Acute pancreatitis and fat necrosis.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard L. Blumenthal
Address W. B. J. H Date signed 3/29/41

79147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 79147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 E. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Karolina Petrlik

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob Petrlik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1857

8. AGE: Years	Months	Days	If less than one day
83	10	18	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Pavlik
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Vanek
15. Birthplace Bohemia

16 (a) Informant John Petrlik
(b) Address 826 S. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Evuchka Son
(b) Address 900 N. Chester St.

19 MAR 31 1941 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Mar 30 1941
and that I last saw her alive on Mar. 29, 1941.

Immediate cause of death Arteriosclerotic C V R Dis. with Hypertension — Duration ?
Due to
Due to
Other Conditions Bronchi-pneum. — 24 hrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Sussman M.D.
Address 2340 Eutaw Pl Date signed Mar. 31, 1941

VS 3

Dr. Sussman - Extended Care

79148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D 79148 Registered No. 79148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2424 Carlland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Carlland a (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Steinen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Kenneth H Steinen
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1905

8. AGE: Years	Months	Days	If less than one day
35	6	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Frank Serovatka
13. Birthplace

MOTHER
14. Maiden Name Cernatava Ilka
15. Birthplace

16 (a) Informant Kenneth H. Steinen
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof April 1 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Francis Kachigalone
(b) Address 700 N. Chester St.

MAR 31 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 4:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to March 28 1941, and that I last saw her alive on March 28 1941.

Immediate cause of death	Duration
Pulmonary T. B	8 mo.
Due to	
Due to Endocarditis	3/28/41
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Goauer
Address 801 Kenwood Ave Date signed 3/31/41

L. Weitzman

Dr R Kramer

F 79149

F 79149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Odonnell St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Anton M. Stoewer

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Augusta Holtzschuer
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1863

8. AGE: Years	Months	Days	If less than one day
77	4	24	..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Butcher retired
11. Industry or business .....

FATHER
12. Name Meinhardt Stoewer
13. Birthplace Germany

MOTHER
14. Maiden Name Foulke
15. Birthplace Germany

16 (a) Informant Mrs. Augusta Stoewer
(b) Address 3419 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) [illegible] (Signature of registrar) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1941 at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 28 1941, and that I last saw h[illegible] alive on Mar 27 1941.

Immediate cause of death	Duration
Generalized Arteriosclerosis.	
Chr. Myocarditis	3-1-40
Due to Myocardial Failure	3-27-41
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Ed Schumacher M. D.
Address 842 S. East Ave. Date signed 3-31-41

F 79150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-a

Registered No. F 79150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Canterbury Road & 39th St
(c) ~~Hospital~~ or institution: Ambassador Apts
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Canterbury Road & 39th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME O Howard Harvey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 12th 1867

8. AGE: Years	Months	Days	If less than one day
73	10	19	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name J. P. Harvey
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Virginia Jordon
15. Birthplace Phila Pa

16 (a) Informant Mrs E Harvey
(b) Address 6 E Read St

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof April 2nd 1941 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director H Wenkjin & Son Co
(b) Address Oakland & Mc Culloh St

19 (a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st 1941, at 6th A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Mar 30 1941, and that I last saw him alive on Mar 30 1941.

	Duration
Immediate cause of death Uremia	10 months
Due to Tabes dorsalis (Syphilitic)	23 years 4 months
Due to Pyonephrosis	
Due to Syphilis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Kinsono M. D.
Address 1010 N. Calvert St. Date signed 3/31/41

F 79151

Lusby

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79151 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital, Aero Row,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William N. Lusby

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-18-0137

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret A Lusby nee Walsh

6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.) Aug 6 1866

8. AGE: Years 75 yrs | Months 7 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist at

11. Industry or business Flynn Emrich

FATHER
12. Name John Lusby
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace "

16 (a) Informant Miss Ella Sheridan daughter
(b) Address 740 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St

19 (a) (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 1941, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1941 to Mar 29 1941, and that I last saw him alive on Mar 29 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr

Due to: Hypertensive Cardio Vascular Disease — Duration 8 yrs

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Tallmer M. D.
Address Mercy Hospital Date signed 3-29-41
Howard A Andersen M.D.

79152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 79152 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Brighton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Brighton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Ludwig

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-5303

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Edmund Ludwig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28-1901

8. AGE: Years	Months	Days	If less than one day
39	6	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Asst Foreman Paint Shops.
11. Industry or business B & O. R.R.

FATHER
12. Name Wm R. Ludwig
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Cora Mary Wargo
15. Birthplace Baltimore Md.

16 (a) Informant Helen Maud Ludwig
(b) Address 3113 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1941 (month) (day) (year)
(c) Cemetery or crematory St Johns Lutheran Cemetery
Location Glen Jefferson Balto Co Md

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E Eager St

19 (a) (Date rec'd by registrar) (b) Huntingtown Maryland (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1941 at 9:02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23- 1941 to March 30 1941 and that I last saw him alive on 3-28- 1941

Immediate cause of death Carcinoma of stomach, intestines Lungs — Duration 7 mo

Due to Ulcer of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Piland M. D.
Address 2532 Edmondson Ave Date signed 3-30-41

F 79153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79153 Registered No. 186-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 North Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 North Charles Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILFRED OTIS LANE

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Dorothy Levering
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 1895

8. AGE: Years	Months	Days	If less than one day
45	11		hr. min.

9. Birthplace Queenstown, Maryland (Town, county, and state)
10. Usual Occupation Building Inspector
11. Industry or business city

FATHER
12. Name George E. Lane
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown Mary
15. Birthplace

16 (a) Informant Mrs. Dorothy Lane
(b) Address 715 North Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/41 (month) (day) (year)
(c) Cemetery or crematory Bretz National Cem
Location Frederick Road

18 (a) Funeral director John Mitchell & Son
(b) Address 1900 Eutaw Place

APR 1 - 1941 (Date rec'd by registrar) (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary Embolism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-26-1941 11-1
(c) Where did injury occur? Madison St - Bedford Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? yes
(Specify type of place)
(e) Means of injury Fell from seat of truck while unloading

23. Signature Howard J. Bruce M.D.
Medical Examiner.
Date signed 3-31-41

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B Registered No.

F 79154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hopkins Apts.
(b) Street address St. Paul & 31st. Sts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. V Hopkins Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia M. Feddeman

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Wm. H. Feddeman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/28/64

8. AGE: Years	Months	Days	If less than one day
76	09	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Benj. Tanner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary H. Dryden
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Emma D. Price
(b) Address 519 Overdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location 3801 Frederick Ave, Balto. Md.

18 (a) Funeral director John W. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) 4-1-1941 (Date received by Registrar) (b) [illegible] Registrar

ADR

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 41 to March 29 19 41, and that I last saw her alive on March 29 19 41

Immediate cause of death Acute Cardiac Dilatation — Duration

Due to

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Evans M. D.
Address 612 N 40 St Date signed

F 79155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 79155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Gwynns Falls Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

1547

3 (a) FULL NAME Bessie Schnitzer - BESSIE SCHNITZER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Mayer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Abraham Bockerman
13. Birthplace Russia

MOTHER
14. Maiden Name Hanna Chai
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Baveleys Lane & Belair Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) Date rec'd by Registrar APR 1 1941 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1941, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1941, to 3-31 1941, and that I last saw h[illegible] alive on 3-31 1941.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to - Cerebral Hemorrhage	12 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wolman M. D.
Address Sinai Hospital Date signed 3-31-41

79156

HEALTH DEPARTMENT—CITY OF BALTIMORE

79156

CERTIFICATE OF DEATH

131-U

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Ensor St. St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August G. Geiger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1321 Ensor St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Geiger nee (Bauer)

6. DATE OF BIRTH (month, day, year) April-28-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80Yrs.	11Mo.	2Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George M. Geiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Keicher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen Myers

(Address) 1321 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date April-2-1941 19 .....

19. UNDERTAKER Henry Staeck & Sons Inc.,

(Address) 1301 E. Eager St.

20. FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-30-1941

22. I HEREBY CERTIFY, That I attended deceased from 2-6- 19 31 to 3-30- 19 41

I last saw h alive on 3-30- 19 41 Death is said to have occurred on the date stated above, at 4.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
Arteriosclerosis - Senility	

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo B Gilbert M. D.

(Address) 816 Hollins Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 79157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16-a

F 79157

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Bayview Ave. & Dukeland St.

(c) Hospital or institution West Balto. Gen. Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 18 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2422 Harlem Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Kenthorn

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sarah E. Kenthorn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-1854

8. AGE:

Years	Months	Days	If less than one day
86	6	27	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER

12. Name Thomas Kenthorn

13. Birthplace Ireland

MOTHER

14. Maiden Name

15. Birthplace Unknown

16 (a) Informant Edward E. Kenthorn

(b) Address 2422 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Apr. 2. 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md

18 (a) Funeral director Toth & B. M. Walter

(b) Address 5411 Sinclair Ln

APR 1- 1941

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 4.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Decubitus

Due to Intertrochanteric fracture Left Femur

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
2-28-41 to
3-31-41
2-9-41
to 3-2-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Feb. 9. 1941

(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fall injured Left Hip

23. Signature Wm. Vaudell Hall M.D.
Medical Examiner.

Date signed 4/1/41

VS 6

F 79158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 79158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 E Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 E Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Roesler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Ella Roesler nee Twist
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 31 1875

8. AGE: Years	Months	Days	If less than one day
65	9	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Harness maker

FATHER
12. Name William Roesler
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Weigert
15. Birthplace Germany

16 (a) Informant William A Roesler Jr
(b) Address 321 Evergreen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

APR 1 1941 (Date rec'd by Registrar) (b) Reg. No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1941, at 7:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1941, to 3/27 1941, and that I last saw h[im] alive on 3/27 1941.

Immediate cause of death: Carcinoma of Stomach — Duration

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. L. Hornstein M. D.
Address 733 Asquith St Date signed 4/1/41

F 79159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 79159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Dillona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Redding Kearney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Andrew Kearney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 - 1865

8. AGE: Years	Months	Days	If less than one day
75	7	21	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Redding
13. Birthplace Ireland

MOTHER
14. Maiden Name Nathania Lane
15. Birthplace Ireland

16 (a) Informant Regina Bowen
(b) Address 1624 Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J Rack
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) [illegible]

APR 7 - 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-41 19 , at 4-55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to March 30 1941, and that I last saw her alive on March 30 1941.

Immediate cause of death

Cerebral Hemorrhage — Duration: 3 days
Due to Cerebral Arteriosclerosis — 2 yrs.
Cardiac Hypertrophy — 2
Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George B E Crass M.D.
Address 28 W 25th St. Date signed 3-31-41

F 79160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97-A

F 79160
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 Linden Hall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Linden Hall St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Bordley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Annapolis Md.
(Town, county and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Josiah Bordley
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Lucy P.
15. Birthplace Annapolis Md.

16 (a) Informant Albert Carpenter
(b) Address 1120 Linden Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 1 1941
(month) (day) (year)
(c) Cemetery or crematory Fort Lincoln Cem.
Location Balto.

18 (a) Funeral director Walter B. Briggs
(b) Address 138 W. Lexington St. Baltimore, Md.

19 (a) APR 1 - 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Ruptured endocarditis of aortic valve — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Vanderheyden M.D.
Medical Examiner.
Date signed 3/29/41

VS 6

F 79161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

Registered No. F 79161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 S. Greene St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Met (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 S. Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Charles Ross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1908

8. AGE: Years 33 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name William Shaw
13. Birthplace Florida

MOTHER
14. Maiden Name Mamie Phillips
15. Birthplace Florida

16 (a) Informant Chas. Ross
(b) Address 610 S. Greene St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 1 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carey Cem
Location Balto. Md.

18 (a) Funeral director Walter B. Briggs
(b) Address 1911 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1941 to Mar 29 1941, and that I last saw h[illegible] alive on Mar 29 1941

Immediate cause of death: Influenzal Pneumonia — Duration: 13 days
Due to: Influenza
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Ramsey
Address 615 S Bruce St Date signed 3/31/41

VS 2

398 F 79162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 79162 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Gold St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sepd -

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-95

8. AGE: Years 40 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER 12. Name Harry Matthews
13. Birthplace N. Car.

MOTHER 14. Maiden Name Henrietta Johnson
15. Birthplace Balto

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Randallstown Md

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Ave Thursday for Richmond, Va.

19 (a) APR 1 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1941, to Mar 29 1941, and that I last saw him alive on Mar 29 1941

Immediate cause of death: Pneumonia, RUL, RLL — Duration: 5d
Type 25 Pneumococcus
Due to: Acute hemolytic anemia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Capen Jr.
Address Johns Hopkins Hospital Date signed 3-31-41 M D

VS 8

Forger

4/ F 79163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 79163
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Lauretta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Cherry

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-5834

4. Sex: male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna R. nee Caspare

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1877

8. AGE: Years 63 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business Lonsbury Co.

FATHER
12. Name John Cherry
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anna R. Cherry
(b) Address 2620 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

(a) Funeral director Harry H. Smith Co
(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941 at 11 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27- 1940, to 3-29 1941 and that I last saw h[illegible] alive on 3-29 1941.

Immediate cause of death: Hemorrhage — Duration: 9 months

Due to: Hypertension and arteriosclerosis — Duration: ?

Due to:

Other Conditions: Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Smith M. D.
Address 2703 Edmondson Date signed 3-31-41

F 79164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33 A

F 79164 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 Frederick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 S
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Frederick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. McCusker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2368

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Claudia McCusker nee Hernandez

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1889

8. AGE: Years 51 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Sherwood Alco.

FATHER
12. Name John J. McCusker
13. Birthplace Md

MOTHER
14. Maiden Name Walton
15. Birthplace Md.

16 (a) Informant Mrs. Claudia McCusker
(b) Address 3512 Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2/41. (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Annapolis, Md

18 (a) Funeral director Harry H. Kuttle
(b) Address 4101 Edmondson ave

19 (a) (b) Huntington Millington Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1941, to Mar 31 1941, and that I last saw him alive on Mar. 30 1941.

Immediate cause of death Influenzal Pneumonia

Due to

Due to

Other Conditions Toxemia Cardiac Failure.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify home, farm, etc. place) While at work?
(e) Means of injury

23. Signature Thos E. Shannon M.D.
Address 703 N. Fulton Ave Date signed 3/3

79165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79165 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 N. Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Loudon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Schneider

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1853

8. AGE: Years 87 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Frederick Schneider
13. Birthplace Germany

MOTHER 14. Maiden Name Anna M. Miller
15. Birthplace Germany

16 (a) Informant John H. Schneider
(b) Address 6211 Germantown Rd - Mt. Wash

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1 / 41. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry K. Tuttle
(b) Address 4101 E. Lombard Ave

19 (a) (Title rec'd by registrar) (b)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941 at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941 to March 29 1941, and that I last saw h[illegible] alive on March 29 1941.

Immediate cause of death	Duration
Angina Pectoris	2
Coronary Thrombosis	
Due to	
Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C. Wissig M. D.
Address 4000 Edmondson Ave Date signed 3-31-41

F 79166 F 79166

BALTIMORE CITY HEALTH DEPARTMENT

64493 CERTIFICATE OF DEATH 160-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

160-1

3 (a) FULL NAME Baby Girl Brown (Lillian) Birth F 25771

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1941

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation New Baby

11. Industry or business

FATHER
12. Name Philip Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Brown
15. Birthplace Md.

16 (a) Informant Mother Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-18-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hosp
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 APR 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1941, to 3-17 1941, and that I last saw her alive on 3-17 1941.

Immediate cause of death: Intracranial hemorrhage — Duration: 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 3-18-41

VS 3

F 79167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 79167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3919 E. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3919 E. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Robert Heise

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: May 28, 1875
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 65 | Months 10 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Harry A Heise (Son)
(b) Address 3919 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Mountain
Location Mountain, Md.

18 (a) Funeral director P Markert's Sons
(b) Address Catonsville, Md

19 (a) [illegible] Huntington Williams Hall (State registrar)

APR 1 - 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Interventricular atrophy of brain — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/1/41

79168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 79168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 2-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS F. NICHOLSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7/72

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 1 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 1 1941 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1941, at 8:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. F. Wolfenson M.D.
Medical Examiner.

Date signed 3-18-41

C-515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C ✓ Registered No. E 29169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED WHITE MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 50? | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 1 1941 Commissioner of Health

18 (a) Funeral director Per M. A. Moore

(b) Address

19 APR 1 1941 (b) Huntington Williams Registrar

(Date rec'd by registrar)

6375

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1941, at 1/2 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Hemorrhage, subarachnoid	
Due to Fracture, basilar temporal and fibula	
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-19-41 18-3
(c) Where did injury occur? 897 N. Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Struck by Auto - Coming thru

23. Signature H. K. Mellenbruch M.D. Medical Examiner.
Date signed 4/1/41

F 79170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 79170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W. Conway St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife Sophia Jordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 1877

8. AGE: Years	Months	Days	If less than one day
64	—	17	___ hr. ___ min.

9. Birthplace Southampton Co Va (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Francis
15. Birthplace Unknown

16 (a) Informant Sadie Henson
(b) Address 819 So Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore Maryland

18 (a) Funeral director Joseph A Sively
(b) Address 409 North Mount Street

19 (a) Date received APR 1 1941 (b) Registered by Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1941, to March 27 1941, and that I last saw him alive on March 27 1941.

Immediate cause of death	Duration
Cardiac vascular accident	4 days
Due to Hypertension	2 yrs
Due to Arteriosclerosis	3 yrs
Other Conditions Terminal pneumonia	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Harty M. D.
Address University Hosp Date signed

F 79171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79171
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. Streaker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Streaker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John albert warren.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	Col.	married

6 (b) Name of husband or wife Hattie-Warren
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) apr 15. 1895

8. AGE: Years	Months	Days	If less than one day
45 46	11	17	hr. min.

9. Birthplace Oxon Hill, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John a. warren
13. Birthplace Oxon Hill md.

MOTHER
14. Maiden Name Elizabeth Tyler
15. Birthplace Oxon Hill, Md.

16 (a) Informant Leon Warren
(b) Address 134 Rhode Island ave Washington, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
(c) Baltimore, Md.

19 (a) (Date received locally) APR 1 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1941 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1941 to 3/30 1941.
and that I last saw h alive on 3/20 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 12 days
Due to Hypertension — 14 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. T. Pigott M. D.
Address 1536 U. Lanvale St. Date signed 3/31/41.

F 79172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 79172

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 596 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Rowley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widow

6 (b) Name of husband or wife Daniel Rowley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1898

8. AGE: Years	Months	Days	If less than one day
42 +3	1	-	hr. min.

9. Birthplace Clifton Ford, Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Louis Mitchel
13. Birthplace Va.

MOTHER
14. Maiden Name Josephine Thurston
15. Birthplace Va.

16 (a) Informant Roland Bennison
(b) Address 596 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 320 N. Schroeder St

APR 1 - 1941 (Date rec'd by registrar) (b) Huntington W. Dimmett M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1941, at 1½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said - (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Grandstaff M.D. Medical Examiner.
Date signed 3/29/41

79173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. E 79173

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1438 Battery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME John M. Seifert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew
13. Birthplace Ger.

MOTHER
14. Maiden Name Annie M. Popp
15. Birthplace Ger

16 (a) Informant Mrs. Geo. McCauley
(b) Address 1428 Battery

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway

18 (a) Funeral director D. J. McCauley
(b) Address 130 E. Fort Ave.

19 (a) APR 1 1941 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to March 31 1941, and that I last saw him alive on March 31 1941.

Immediate cause of death: Myocardial Insufficiency — Duration

Due to:

Due to:

Other Conditions: Myocarditis & Edematous edema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. G. Schwenk
Address 1375 S. Charles St Date signed 4/1/41

VS 3

79174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓

Registered No. 79174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town City Proper
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 - 12-27 Eutaw St. 119 N. Paca St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Nick 119 Paca St.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1903

8. AGE: Years	Months	Days	If less than one day
37 year	5	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Nick
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 1 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 1 - 1941 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1941, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1941 to March 24 1941, and that I last saw him alive on March 24 1941.

Immediate cause of death: Lobar pneumonia — Duration: 10 days

Due to

Due to

Other Conditions: Pleurisy. — Duration: over

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bernstein
Address 10 Balto Jew Hosp. Date signed 3/25/41 M. D.

79175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

Registered No. E 79175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK MILMART

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation Musical
11. Industry or business

FATHER
12. Name ? Milmart
13. Birthplace Russian

MOTHER
14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mary Milmart
(b) Address 1050 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundle County

18 (a) Funeral director John J. Gretlinger Jr
(b) Address 403 S. Paca St

19 (a) APR 1, 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to Acute alcoholism	
Other Conditions Fracture of skull (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-30-41
(c) Where did injury occur? 55 S. Broom St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury fell off stool in tavern

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 3-31-41

VS 6

79176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. E 79176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 62 S. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 S. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth B. Phillips

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Clarence Phillips
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 25, 1879

8. AGE: Years	Months	Days	If less than one day
61	11	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name George A. Forsythe
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Minnie E. Ackerman
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Mollie Ripple
(b) Address 62 S. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St

19 (a) Date received by local registrar APR 1 1941 (b) Registrar Huntington Millmore, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1941, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to March 31 1941, and that I last saw h[illegible] alive on March 31, 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to Hypertension C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustav Hegetschweiler M. D.
Address 888 W. Lombard St. Date signed 4-1-41

F 79177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 79177

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Fawn St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Angelo Ponticello

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Maria Catena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-65

8. AGE: Years	Months	Days	If less than one day
76	3	17	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER
12. Name Carmello Ponticello
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pepersone
(b) Address 2418 E. Baltimore St

APR 1 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1941 to April 1 1941 and that I last saw him alive on April 1 1941.

Immediate cause of death: Cerebral accident

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 4-1-41

VS 8

29178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 29178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 E. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 96 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Mary Lohrmann (Mary Lohrmann)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William Lohrman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1845

8. AGE: Years	Months	Days	If less than one day
96	0	9	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Lentz.
13. Birthplace Germany.

MOTHER
14. Maiden Name ?
15. Birthplace Germany.

16 (a) Informant Mrs. Ella Quigley (Daughter)
(b) Address 1733 E. Lanvale.

17 (a) burial (b) Date thereof 4/3/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 APR 1 1941 (b) [redacted] M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941 to March 31 1941, and that I last saw h[redacted] alive on March 28 1941.

Immediate cause of death Acute Pulmonary Oedema — Duration 2 hrs.

Due to Hypertensive Arteriosclerotic Heart Disease — 3 Years?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Gertman, M.D.
Address 1642 N. Washington St. Date signed 3/31/41

79179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Sterrett Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD F. SOWERS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Sowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1867

8. AGE: Years	Months	Days	If less than one day
73 74	10	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Sowers
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. Annie McKenna
(b) Address 705 Linnard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 12 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1941, at 1 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1940, to March 31 1941, and that I last saw h.im alive on March 30 1941.

Immediate cause of death: Hypocondilis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature M. N. Patterman M. D.
Address 2324 Reisterstown Rd. Date signed 3/11/41

F 79180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ F 79180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Monroe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY ANN BOCKELMAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.: Married

6 (b) Name of husband or wife: Richard D. Bockelman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 4, 1860

8. AGE: Years 80 | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Richmond, Virginia (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: John Welsh
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mr. Richard D. Bockelman
(b) Address: 806 N. Monroe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 APR 1 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1941, at 5:30P M

21. I certify that ~~death~~ occurred on the date above stated; that I attended deceased from Mch 19 1941, to March 30 1941, and that I last saw h[illegible] alive on March 29 1941.

Immediate cause of death: Senility
Antecedent Pneumonia — Duration: 15 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M.D.
Address 2818 St. Paul Date signed 3/31/41

79181 NESNIDAL ✓ F 79181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6014 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6014 Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

163

3 (a) FULL NAME Ludmila Czynesnidal
Ludmila Nesnidal

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Czecho Slovako
(Town, county, and state)

10. Usual Occupation Sewing factory
11. Industry or business 13 years

FATHER
12. Name not known
13. Birthplace =

MOTHER
14. Maiden Name =
15. Birthplace =

16 (a) Informant Rose Nesnidal
(b) Address 6014 Eastern ave

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Harmers Lane

18 (a) Funeral director John J. Priola
(b) Address 2829 H Hudson St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

1 Asphyxiating Gas Poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/31/41
(c) Where did injury occur? 6014 Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify exact place) While at work? No
(e) Means of injury Gas burner - Gas [illegible]

23. Signature H. Wade Griffith M.D.
Medical Examiner.
Date signed

79182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 E 79182 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 N. Gilmore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Gilmore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lessie De Wolf Stiénemann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leo. J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1882

8. AGE: Years	Months	Days	If less than one day
58	7	26	hr. min.

9. Birthplace St. Mary Co. Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name John Slattery
13. Birthplace Ireland

MOTHER
14. Maiden Name Barnes
15. Birthplace Unknown

16 (a) Informant Leo. J. Stiénemann
(b) Address 223 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Wm. Kuhn
(b) Address 230 Edmondson Ave.

APR 12 1941 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to April 1 1941, and that I last saw h[illegible] alive on March 29 1941.

	Duration
Immediate cause of death: Hypertension Cardiovascular disease	
Due to: Generalized arteriosclerosis	
Due to: Femoral Thrombosis, left	within 14 days
Other Conditions: Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Eden St. Date signed 4-1-41

VS 3

F 79183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79183 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie R Carlett

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Edward Carlett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1860

8. AGE: Years	Months	Days	If less than one day
80	6	8	hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jacob Kaye
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Minnie Griffith
15. Birthplace Balto Co Md

16 (a) Informant Willie Gordon
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)
(c) Cemetery or crematory Sharon
Location Catonsville Md

18 (a) Funeral director Fulton Grove
(b) Address 1217 Eutaw St

19 (a) APR 2 — 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1941, at 10 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1941, to April 1, 1941, and that I last saw he alive on Mar 31 1941.

Immediate cause of death Bronchial Pneumonia (Bilateral) — Duration

Due to

Due to

Other Conditions Ch. Myocarditis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E Sharon
Address 220 N. Fulton Ave Date signed

F 79184 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79184

CERTIFICATE OF DEATH

√131-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4601 Valley View Ave St., ... Ward) 24-7

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry H. Young. If U. S. Veteran specify WAR WWI

(a) Residence: No. 4601 Valley View St., ... Ward. 55 212-03-2849

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Henry Young

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annie Whitmore

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT May Lampe (Sister)

(Address) 4601 Valley View

18. BURIAL, CREMATION, OR REMOVAL Natural Bath Date 4/3 194

19. UNDERTAKER [illegible]

(Address) 1217 E Fort Ave

20. FILED ..... 19..... Registrar.

APR 2 - 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 28 19.. to March 30 1941

I last saw h.. alive on March 29 19.. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 hrs
Other contributory causes of importance:	
Hypertension and arteriosclerosis	3d
Chr. Interstitial Nephritis	3d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. F A Stearns, M. D.

(Address) 2878 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Christopher Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Christopher Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Woods

3 (b) If veteran, name war No

3 (c) Social Security Account No. 219-01-7760

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Bertha M. Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1867

8. AGE: Years 73 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Patterson Hardware Co.

FATHER
12. Name Hudson A. Woods
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emma Redifer
15. Birthplace Balto. Md.

16 (a) Informant Bertha M. Woods
(b) Address 3003 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 (a) APR 2 - 1941 (Date rec'd by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30th 1941 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to 3/30 1941, and that I last saw h[illegible] alive on 3/30 1941.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3703 Harford Ave Date signed 4/1/41 M. D.

F 79186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1160-a Registered No. F 79186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Fontaga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5642 Belair Rd (If rural give location) (Formerly 27)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmond G Duva Sr Birth - F 26189

3 (b) If veteran, name war: yes
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 27 1941
8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Edmond G Duva Sr
FATHER 13. Birthplace Md
MOTHER 14. Maiden Name Antonetta Schmitt
MOTHER 15. Birthplace Md

16 (a) Informant Edmond G Duva
(b) Address 5642 Cedar Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)
(c) Cemetery or crematory Maryland Cem
Location Baltimore Co Md

18 (a) Funeral director Wilhoms Co
(b) Address 1219 Lombard St

19 (a) APR 3 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1/ 1941, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1941 to 4/1 1941, and that I last saw h alive on 19 .

Immediate cause of death: Subdural Hemorrhage (left) — Duration: 3 days
Due to: intra cranial Hemorrhage — Duration: ?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subdural Hemorrhage following injury left hemisphere

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Gg. Beck
Address Mercy Hospital Date signed 4/1/41

Please write plainly, using ink. Every item of information should be given as accurately as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 79187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address RAYNER & DUKELAND
(c) Hospital or institution:
WEST BALTIMORE GENERAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 MULBERRY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PATRICIA HYNSON

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/39

8. AGE: Years 1 | Months 4 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business —

FATHER
12. Name Presley Hynson
13. Birthplace Lancaster Co. Va.

MOTHER
14. Maiden Name Theresa McElroy
15. Birthplace Balto. Md.

16 (a) Informant Presley Hynson
(b) Address 2821 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director Fullerton & Co.
(b) Address 1217 E. Fayette

19 (a) APR 2 1941 (Date rec'd by local registrar) (b) Interment

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 31 1941, at 8 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941 to 3-31 1941, and that I last saw her alive on 3-31 1941.

Immediate cause of death Respiratory failure — Duration: one

Due to Possible intracranial neoplasm

Due to

Other Conditions Congenital absence of lens right eye. Congenital glaucoma left eye

Major findings at operations

Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address Wright Date signed 4/3/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 79188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Park J Davis

3 (b) If veteran, name war 40

3 (c) Social Security Account No. 218-12-7595

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Estella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1884

8. AGE: Years	Months	Days	If less than one day
56	9	27	hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Manager Apt House

11. Industry or business

FATHER 12. Name Washington Davis

13. Birthplace

MOTHER 14. Maiden Name Elizabeth Carnan

15. Birthplace Md

16 (a) Informant Estella E Davis

(b) Address 611 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)

(c) Cemetery or crematory Mountain View

Location Balto Co Md

18 (a) Funeral director Wilson & Co

(b) Address 1219 E Fort Ave

19 (a) APR 2 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941 at 11:34 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull: laceration of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/28/41
(c) Where did injury occur? 611 N. Calvert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down steps

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/1/41

V8 6

F 79189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 79189

Registered No. 79189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Walker & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) CO. LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Govans Sta. (If outside city or town limits, write RURAL and give town)

(d) Street No. 6-1 Millers Lane (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Phelps

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-07-9414

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: DAISY PHELPS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 12 1882

8. AGE: Years 58 | Months 6 | Days 20 | If less than one day hr. min. 19

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation CHEMIST

11. Industry or business BETH. STEEL CO.

FATHER 12. Name Geo. PHELPS

13. Birthplace SAVAGE MD.

MOTHER 14. Maiden Name [illegible] CHASNE

15. Birthplace SAVAGE MD.

16 (a) Informant DAISY PHELPS (WIFE)

(b) Address SAVAGE MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 3/41 (month) (day) (year)

(c) Cemetery or crematory MT. CARMEL

Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC

(b) Address 403 S. WOLFE ST.

APR 2 - 1941 (Date rec'd by Registrar) (b) [illegible] (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1941, at 6:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1941 to 3-31 1941 and that I last saw h[illegible] alive on 3-31 1941

Immediate cause of death Gastro-colic fistula due to Carcinoma of stomach, 2 months, Duration

Due to Secondary anemia, Duration

Due to Duration

Other Conditions Duration

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(c) Means of injury

23. Signature James M. Cianos, M. D.

Address St. James Hosp. Date signed 3/31/41

F 79190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 79190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 E. Jefferson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 E. Jefferson st (or rural five location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Wohner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife August Wohner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 17 - 1853

8. AGE: Years	Months	Days	If less than one day
87	4.5	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Woerline
13. Birthplace Ger.

MOTHER
14. Maiden Name Barbara —
15. Birthplace France

16 (a) Informant Wm. Wohner
(b) Address 2106 E. Jefferson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 2 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Gruig Sons
(b) Address 248 S. Caroline st

19 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 30 1941 at 1.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1941 to March 30 1941 and that I last saw her alive on March 30 1941

Immediate cause of death Bronchio-pneumonia — Duration 4 days

Due to

Due to

Other Conditions arterio-sclerosis & Hypertension — 10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. Grumman M. D.
Address 722 N. Kenwood ave Date signed APR - 1 1941

F 79191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1102 B Registered No. F 79191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 E. Randall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. Randall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Klug

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-8121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise J Hartung
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1880

8. AGE: Years	Months	Days	If less than one day
60	6	29	— hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation agency [illegible] Life Ins Co.
11. Industry or business Life Insurance

FATHER
12. Name Chrispin Klug
13. Birthplace Germany

MOTHER
14. Maiden Name Anne E Long
15. Birthplace Md.

16 (a) Informant Mrs Louise A Klug
(b) Address 500 E Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director J. H. Tipton Hayes
(b) Address 1218 Light St

19 (a) 19 (Date received by registrar) (b) Clayton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Mch 30 1941, and that I last saw him alive on Mch 30 1941.

Immediate Cause of death
Pleurisy (bilateral) — Duration 2 wks
Due to Bronchial Asthma — Duration over 6 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Barnes M.D.
Address 436 E Fort Date signed 4/1/41

Please correct any errors, especially important. Physicians: please write the causes of death clearly and legibly.

F 79192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No. F 79192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 N. Broadway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET GERLACH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	widowed

6 (b) Name of husband or wife Julius G. Gerlach
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 5. 1854

8. AGE: Years	Months	Days	If less than one day
86	6	24 25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name Nicholas Riebel
13. Birthplace Germany

MOTHER
14. Maiden Name ? Metzger
15. Birthplace Germany

16 (a) Informant Mrs. Margaret F. Brauer
(b) Address 1813 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) APR 2 - 1941 (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30. 1941 19 1.50 P. M. at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939 to Mch 30 1941, and that I last saw alive on Mch 29 1941.

Immediate cause of death: Myo Cardial Insuff.
Due to Chr. Nephritis
Due to
Other Conditions Hypertension Pulmonary

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1817 N Broadway Date signed

F 79193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c

F 79193

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 902 N.Payson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ***

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 902 N.Payson St. (If rural give location)

1654

(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Harry Tompkins

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 213-10-1112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Julia Tompkins

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1879

8. AGE: Years	Months	Days	If less than one day
61	7	17	..... hr. ..... min.

9. Birthplace London England (State or country)

10. Usual Occupation Retired Motorman

11. Industry or business Balto. Transit Co.

FATHER

12. Name Harry Tompkins

13. Birthplace England

MOTHER

14. Maiden Name Fannie Tompkins

15. Birthplace England

16 (a) Informant Mrs. Julia Tompkins

(b) Address 902 N.Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director George W. Little

(b) Address 2700 Edmondson Ave.

APR 2 - 1941 (Date rec'd by registrar) Huntingtown, Williams, Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1941 to April 1 1940 and that I last saw him alive on March 31 1941.

	Duration
Immediate cause of death Cardio-Vascular Disease, primary Cancer Esophagus, Spinal Cancer	
Due to Diabetes Mellitus	
Hindrance dem. To Optic	
Due to Senility Senilitis	6 months
Cardiac Decompensation	17 days.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert E. Knapp M. D.

Address 3183 N. Calvert St. Date signed 4/1/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 79194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W Brayton

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-2084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1898

8. AGE: Years	Months	Days	If less than one day
42	10	16	hr. min.

9. Birthplace King & Queen Co Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W. M. R.R.

FATHER 12. Name George E Brayton
13. Birthplace Gloucester Va

MOTHER 14. Maiden Name Mary LEE
15. Birthplace King & Queen Co. Va

16 (a) Informant Mrs Rosa Brayton
(b) Address 709 S Sharp Street

17 (a) Removal (b) Date thereof 4-2-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Norfolk Va
Location

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

APR 2 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31-1941, at 0330 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29-1941 to 3-31-1941 and that I last saw him alive on 3-21-1941.

Immediate cause of death Pneumonia (Lobar)

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Carson M. D.
Address 1816 E. Monument St Date signed 4-2-41

Tokosch

F 79195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 79195 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 So Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 So Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Joseph J. Tabosch

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-07-2820

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	11 10			

9. Birthplace Hungary (town, county, and state)
10. Usual Occupation Wire Worker
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Unknown
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungary

16 (a) Informant Emma Tokasch
(b) Address 231 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart.
Location Old Germans Hill Rd.

18 (a) Funeral director John A. Milan
(b) Address 3800 E. Baltimore St

(a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

APR 2 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 12:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Vandenbergh M.D. Medical Examiner.
Date signed 4/1/41.

VS 6

F 79196

F 79196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 64717

MA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4807 Eastern Avenue (If rural give location)
Citizen of foreign country? yes (Yes or No)
If yes, name country Greece

3 (a) FULL NAME
Theodore Leonis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1893

8. AGE: Years 48? | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Sells flowers
11. Industry or business

FATHER
12. Name Gus
13. Birthplace Greece

MOTHER
14. Maiden Name Caliopia George
15. Birthplace Greece

16 (a) Informant Hospitals Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Gregory
(b) Address 440 E North Ave

19 (a) [illegible] (Date rec'd by Registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1941 at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26- 1941 to 3-27- 1941, and that I last saw him alive on 3-27-1941.

Immediate cause of death: Cerebral hemorrhage — Duration ?
Bronchopneumonia
Due to: Hypertensive CVD — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy Post mortem.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hosp. Date signed 3-31-41 M. D.

F 79197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 79197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1426 Moling Ave

(c) Hospital or institution: V

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1426 Moling Ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Kenneth E. A Quem.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20 1915

8. AGE: Years 25 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Ira J. Quem.

13. Birthplace Md.

MOTHER 14. Maiden Name Mary E. Myers.

15. Birthplace Md.

16 (a) Informant Mary E. Quem.

(b) Address 1426 Moling Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 3/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore.

Location

18 (a) Funeral director Thomas J. Donovan

(b) Address 3615-17 Christian Ave.

19 (a) [illegible] (Signature of registrar) (b) Huntington Williams M.D. Registrar

APR [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1941, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1940, to 3-31 1941, and that I last saw h[illegible] alive on 3-31 1941.

	Duration
Immediate cause of death: Pulmonary Embolism	5 min
20. A / Due to Rheumatic Heart Disease - Cardio-Vascular	6 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Ingraham M. D.

Address 900 W. 34th St. Date signed 4-1-41

F 79198 ✕ F 79198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 91-a

Registered No.

F 79198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles.
(c) City or town La Plata.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ✓ ✕
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Burgan Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1903

8. AGE: Years	Months	Days	If less than one day
37	3	21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles M. Gill
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Akehurst
15. Birthplace Md.

16 (a) Informant Burgan Brown
(b) Address La Plata, Md.

17 (a) Burial (b) Date thereof April 2/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Fredericksburg, Md.

18 (a) Funeral director Jacob Hartenstein
(b) Address New Freedom, Pa.

19 APR 2 1941 (Date received by registrar) Huntingtown Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1941, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1941 to 3-31 1941, and that I last saw her alive on 3-31 1941.

Immediate cause of death Septicemia — Uremia

Duration: 1 month or more

Due to Bacterial Endocarditis & Embolic Nephritis

Duration: 10 mos.

Due to Strep. Viridans

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. M. Cunningham M. D.
Address University Hospital Date signed 3-31-41

F 79199

79199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 35 da.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 7 N. Duncan St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Albert Emkey

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 218 05 4808

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Iva N. Milke

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Feb. 9, 1886

8. AGE: Years: 55 | Months: 1 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: Engineer-Tug Favorite

11. Industry or business:

FATHER
12. Name: Charles Emkey
13. Birthplace: Holland

MOTHER
14. Maiden Name: Rosa Pauline Waters
15. Birthplace: Germany

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** Apr 4/41 (month) (day) (year)
(c) Cemetery or crematory: Let U Ex Cem
Location: Baltimore

18 (a) Funeral director: John Ellis
(b) Address: 2401 Eutaw

19 (a) APR 2 1941 (b) Date received by registrar — Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31, 1941, at 12:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26, 1941 to Mar. 31, 1941, and that I last saw him alive on Mar. 31, 1941.

	Duration
Immediate cause of death: Inanition	35 days
Due to: Carcinoma of both adrenals (autopsy)	4 mo.
Due to: Probable primary carcinoma of pancreas (autopsy)	4 mo.
Other Conditions: Metastasis to the heart and rt. pleural cavity (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Bronchoscopy; biopsy; excision of axillary glands.
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. D. Adams, M. D.
Address: US Marine Hospital, Baltimore, Maryland. **Date signed:** 4/1/41

F 79200

79200 MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 79200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Leddon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Irving
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1893

8. AGE: Years	Months	Days	If less than one day
47	5	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name Jean
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director John Allen Hood
(b) Address Hood & Edmonds

19 (a) Apr 3 1941 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 1 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1941 to 3-30 1941, and that I last saw h[illegible] alive on 3-30 1941.

Immediate cause of death	Duration
Intracerebral hemorrhage	2 days
Due to Hypertensive C.V.D.	22 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-30-41

F 79201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 79201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5108 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick W. Deim

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Deim
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1865

8. AGE: Years	Months	Days	If less than one day
76	1	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business Retired

FATHER
12. Name Don't know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs Marie Frentzer
(b) Address 5108 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 (month) (day) (year)
(c) Cemetery or crematory Laraine Park
Location Rural

18 (a) Funeral director John Ullrich
(b) Address 21 S. Arlington Ave

APR 2 - 1941 (Date rec'd by registrar)

(b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1941, at 2:07 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Artery Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner.

Date signed 4-1-41

VS 6

79202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79202 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel C. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Fannie Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-1877

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Washington
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Ethel E. Wildenfirst

(b) Address 3107 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location

18 (a) Funeral director Leonard J. Lucke

(b) Address 2305 Harford Rd.

19 (a) (b)
(Date rec'd by registrar) Registrar

Huntington Pollitus

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1941, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1941, to March 30 1941, and that I last saw him alive on March 29 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Futterman

Address 2324 Reisterstown Rd Date signed 4/1/41

79203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 S. Lakewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 S. Lakewood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME JOSEPHINE KWOKA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Savery Kwoka
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) February 20, 1872

8. AGE: Years	Months	Days	If less than one day
69	1	10	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ---------- Urban
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr. Savery Kwoka
(b) Address 626 S. Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1934 to March 30 1941. and that I last saw her alive on March 30 1941.

Immediate cause of death Coronary Thrombosis — Duration 4 da.
Due to Arteriosclerosis & Hypertension — 8 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Feyerbacher M. D.
Address 1807 Eastern Ave. Date signed 4-1-41

F 79204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1930 Registered No. F 79204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 days
(e) Length of stay in Baltimore (yrs., mos., or days) Many years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Keyworth Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-1-14

3 (a) FULL NAME Hattie Foy - HODE Foy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sabatti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Moza Ader

13. Birthplace Russia

MOTHER 14. Maiden Name Anna

15. Birthplace Russia

16 (a) Informant Hosp. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Phila Rd & Belair Road

18 Funeral director Jack Levin Inc -

(b) Address 1429 E Balto St

19 (a) APR 2 - 1941 (Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1941, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1941 to 4/1 1941, and that I last saw her alive on 4/1 1941.

Immediate cause of death: Respiratory Failure + Heart Failure — Duration: 57 days

Due to Pneumonia — Duration: 10 days

Due to Decompensated Arteriosclerotic Cardiac - V. Disease

Other Conditions Rt. Hemiplegia Auricular Fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. V. Tompakov, M.D.

Address Sinai Hospital Date signed 4/1/41

PLEASE WRITE fully and legibly. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Every item is important. Physicians: please write the causes of death clearly and legibly. correct age is ca

F 79205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79205
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min
(e) Length of stay in Baltimore (yrs., mos., or days) 42 days

2. USUAL RESIDENCE OF DECEASED:
(a) State West Va (b) County unk
(c) City or town Grafton
(If outside city or town limits, write RURAL and give town)
(d) Street No. unk
(If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Paul Fredrick Wonycott

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	S

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26 1940

8. AGE: Years	Months	Days	If less than one day
0	4	5	hr. min.

9. Birthplace Grafton West Va.
(Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name Fred Wonycott
13. Birthplace Grafton W. Va.

MOTHER
14. Maiden Name Madeline Fisher ~~Wonycott~~
15. Birthplace Grafton W. Va

16 (a) Informant Madeline Wonycott
(b) Address Grafton W. Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory Knotwell Cem.
Location Grafton West Va.

18 (a) Funeral director Joseph Kapinos Sons
(b) Address 602 Wash. Blvd

19 APR 2 – 1941 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to Same 19..., and that I last saw him alive on April 1 1941.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Pertussis	2 wk
Due to	
Other Conditions Congenital heart disease (Include pregnancy within 3 months of death)	4 mo

Major findings:
Of operations
Of autopsy –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp Date signed 4-2-41

F 79206

COLDEN 1426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 142B

F 79206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 So Albemarle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 So Albemarle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Colden

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1910

8. AGE: Years	Months	Days	If less than one day: hr.	min.
30	7	8		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Harrison Bortuchi
13. Birthplace Balto

MOTHER
14. Maiden Name Susa Wildstand
15. Birthplace Balto Md

16 (a) Informant Joseph Colden (H)
(b) Address 36 So Albemarle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4th-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Date received [illegible] Registrar [illegible]

APR 2 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 2 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death CORNUAL
Ruptured cornual pregnancy
7 uterus

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/1/41

79207 F 79207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REDWOOD & GREENE Sts
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Balto.
(c) City or town REISTERSTOWN
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOAN MOATS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	INFANT

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19-41

8. AGE: Years | Months 2 1/2 | Days 12 | If less than one day hr. min.

9. Birthplace REISTERSTOWN, MD (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Richard Moats
13. Birthplace Washington Co.

MOTHER
14. Maiden Name Agnes Riggers
15. Birthplace Washington Co.

16 (a) Informant Richard Moats
(b) Address Reisterstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 41 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Cem.
Location Washington Co.

18 (a) Funeral director J. B. Cline & Son.
(b) Address Reisterstown Md.

19 (a) (Date received by registrar) (b) Registrar's signature

APR 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1941 to 4/1 1941, and that I last saw her alive on 4/1 1941.

Immediate cause of death UREMIA — Duration 8-10 days

Due to Acute Hemorrhagic Nephritis

Due to

Other Conditions Accidents, Secondary Anemia, Peritonitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Acute Nephritis, Acute Colitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Fulton Jr. M.D.
Address University Hosp. Date signed 4/2/41

79208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 79208

13-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~XIXX~~ 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2655 Boone St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

G K

✓

3 (a) FULL NAME Margaret Rose (Griffen) (64725)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Separated

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1901/41

8. AGE: Years	Months	Days	If less than one day
29 ~~39~~	11		hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name James Griffin
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred Bank
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 3/1941 (month) (day) (year)
(c) Cemetery or crematory M.t Calvary
Location Balto. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

APR 2 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 31 1941, at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 26, 1941, to March 30, 1941, and that I last saw her alive on Mar. 30, 1941

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Weinglobstein M. D.
Address Balto. City Hospitals Date signed 3-30-41

F 79209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 79209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1231 N Washington St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

94-A

3 (a) FULL NAME Annie Hyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1866

8. AGE: Years	Months	Days	If less than one day
75	-	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name John Mills
13. Birthplace Virginia

MOTHER
14. Maiden Name ? Jackson
15. Birthplace Virginia

16 (a) Informant A. Phillips
(b) Address 1231 North Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-41 (month) (day) (year)
(c) Cemetery or crematory Maryland Burial Assn
Location Harford Rd

18 (a) Funeral director Robert Brooks Son
(b) Address Callaum - Hollins St

19 APR 2 1941 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 8 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " , find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. Blanchard Hyde M.D.
Medical Examiner.
Date signed 4/1/41

VS 6

79210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. E 29210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1435 Webb Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	13	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Carter (d)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 2 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) APR 2 1941 (Date received by registrar) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1941, to 3-24 1941, and that I last saw him alive on 3-24 1941.

Immediate cause of death Carcinoma of lung with metastasis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryder
Address Balt City Hosp Date signed 4-2-41

F 79211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-B

Registered No. F 79211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5017 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5017 York Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Von Hagel

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1873

8. AGE: Years 68 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Trouble Man Retired

11. Industry or business Chesapeake Potomac Telephone

FATHER
12. Name Joseph Von Hagel
13. Birthplace —

MOTHER
14. Maiden Name Julia Stone
15. Birthplace —

16 (a) Informant Margaret Von Hagel
(b) Address 5017 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 502 Madison Ave

19 (a) Filed APR 8 1941 (b) Huntington Williamsport Md
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 - 1941, at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940 to April 1-1941, and that I last saw him alive on Mar. 31-1941

Immediate cause of death: Congenia Pretonis.

Duration: 1 yr or longer.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Chenowith M. D.
Address 111 W Lt Paul St Date signed 4-2-41

79212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 79212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3242 Fosters Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3242 Foster ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 58 years

3 (a) FULL NAME Joseph F. Warga

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Katherina Warga

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 12 1880

8. AGE: Years 60 | Months | Days 19. | If less than one day — hr. — min.

9. Birthplace Austria / Hungary (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Andrew Warga
13. Birthplace Austria

MOTHER
14. Maiden Name unknown
15. Birthplace Austria

16 (a) Informant Mrs. Katherina Warga
(b) Address 3242 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Road

18 (a) Funeral director Stephen J. Fairbourn
(b) Address 1000 S. Kenwood ave

APR 2 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941 at 1941 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1941 to March 31 1941, and that I last saw him alive on March 30 1941

Immediate cause of death: Coronary Sclerosis
Arterial Sclerosis — Duration

Due to —

Due to —

Other Conditions Rt. Hemiplegia
Acute Cerebral Hemorrhage 1941
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Andrew Tomaszewski

Address 3579 Eastern ave Date signed 4/7/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 79213

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Weber Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 3

3 (a) FULL NAME George Bahnline

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1888

8. AGE: Years 52 | Months 4 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Michael Bahnline
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Sarah Seward
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/2/41 (month) (day) (year)

(c) Cemetery or crematory Bucks Nehemiah Cem't
Location Bucks Co. Pa.

18 (a) Funeral director J. J. Talbert Sons
(b) Address 1308 Light St.

19 APR 2 1941 (Date rec'd by registrar) Clayton Hollowell, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1941, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 25, 1941, to March 30 1941, and that I last saw h... in alive on March 30, 1941.

Immediate cause of death Hemorrhage, gastric — Duration: Unknown

Due to Ulcer, gastric — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Blood transfusions

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/31/41

PRINT NAME, NAME OF BUILDING AND STREET ADDRESS PLAINLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 79214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM MONTGOMERY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elizabeth Cummins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years Abt. 79 | Months | Days | If less than one day: hr min

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Steel Engineer

11. Industry or business Steel Shipyard

FATHER
12. Name William Montgomery
13. Birthplace Unknown

MOTHER
14. Maiden Name Elinkenoren
15. Birthplace Maryland

16 (a) Informant Mrs. Elmer Montgomery
(b) Address 3908 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director John J. Fahey & Son
(b) Address 3318 Eastern Ave

19 (a) APR 2 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 6:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock, traumatic — Duration

Due to Fractures of ribs and both legs

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 30, 1941 12:45 A
(c) Where did injury occur? Hanover St. Jeffrey St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner

Date signed 3-31-41

F 79215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79215

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution:

Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County .....

(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)

(d) Street No. 217 South 4th Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Marjorie Redmond

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Daniel H Redmond

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 13 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	6	18		

9. Birthplace Philadelphia Texas
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business .....

FATHER 12. Name Francis Patrick Feeney

13. Birthplace Philadelphia Texas

MOTHER 14. Maiden Name Mary Dwyer

15. Birthplace Philadelphia, Texas

16 (a) Informant D. F. Bair Co.,

(b) Address Phila. Penna.

17 (a) Burial (b) Date thereof 4-5-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Phila. Penna.

18 (a) Funeral director Wm. J. Dickman & Sons Inc

Address 1947 N. Pa. Ave.

APR 2 1941

19 (a) ..... (b) Filed at Washington Office
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 19 41, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 19 41, to April 1 19 41, and that I last saw her alive on April 1 19 41.

Immediate cause of death	Duration
(a) Cardiac Thrombosis (Coronary)	2 days.
Due to Arteriosclerosis	
Due to	
Other Conditions Paranoid Psychosis	1 year +

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Damian T. Alagna M. D.

Address 326 Frederick St Date signed

F 79216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14-E

Registered No. F 79216

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave. at Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore~~ Baltimore
(c) City or town ~~Baltimore~~ Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7312 West Yorktown Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Lawrence H. Shiloh

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1940

8. AGE: Years | Months: 3 | Days: 4 | If less than one day: hr. min.

9. Birthplace ~~Balto.~~, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Marion Shiloh
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Kathleen A. Gandy
15. Birthplace Manchester, England

16 (a) Informant Mrs. Marion Shiloh
(b) Address 7312 W. Yorktown Drive, Towson

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/3/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by local registrar) **(b)** Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 19 41 at 11 20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1941 to Mar 31 1941, and that I last saw him alive on Mar 31 19 41.

Immediate cause of death Bronchial obstruction of undetermined origin — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M.D.

Address M.D.

Date signed 3/31/41

F 79217 ✓ F 79217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Forest Park ave. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME William Harvey Armiger

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-03-9136

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Rena Armiger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1879

8. AGE: Years	Months	Days	If less than one day
61	9	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Book Binder
11. Industry or business Waverly press

FATHER
12. Name Thomas Armiger
13. Birthplace Md.

MOTHER
14. Maiden Name Georgia Duckett
15. Birthplace Maryland

16 (a) Informant Mrs. Rena Armiger
(b) Address 2622 Forest Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) APR 2- 1941 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1941 at 1245 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1941 to April 1 1941.
and that I last saw him alive on April 1 1941

Immediate cause of death Coronary occlusion — Duration 17 Days

Due to Arteriosclerosis

Due to

Other Conditions Concurrent Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/1/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-e F 79218
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Olympia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Richardson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-01-4055

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cecilia Richardson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1912

8. AGE: Years 29 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Rice's Bakery

FATHER
12. Name Robert Richardson
13. Birthplace Virginia

MOTHER
14. Maiden Name Evelyn Roberts
15. Birthplace North Carolina

16 (a) Informant Mrs. Cecilia Richardson
(b) Address 3400 Olympia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) Registrar

APR 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture base of skull and Hemorrhage
Due to Intracranial Injury

Duration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 4/1/41
(c) Where did injury occur? 3400 Block Olympia Ave Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury? Automobile Accident Collision

23. Signature M. B. Brandenburg M.D.
Medical Examiner

Date signed 4/1/41

F 79219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79219 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 S.NEWKIRK ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 S.NEWKIRK ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH GREFF (WEIGMAN(

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife EUGENE WEIGMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 21 1919

8. AGE: Years	Months	Days	If less than one day
21	8	11 19	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name EUGENE GREFF
13. Birthplace GERMANY

MOTHER
14. Maiden Name ALMA BERGMAN
15. Birthplace GERMANY

16 (a) Informant EUGENE GREFF (FATHER)
(b) Address 830 S.NEWKIRK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR.3/41 (month) (day) (year)
(c) Cemetery or crematory PARK WOOD
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) APR 2 1941 (Date rec'd by Registrar) Thomas Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH APR. 1 1941 at 6/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1941 to April 1 1941 and that I last saw her alive on March 31 1941.

Immediate cause of death Miliary Tuberculosis — Duration vent

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Kwiatkowski

Address 2079 Eastern Date signed M 4 D 3 1941

F 79220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. 79220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Ritchburg (64671)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Matthew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1912

8. AGE: Years	Months	Days	If less than one day
29		12 13	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Boykin
13. Birthplace S. Car.

MOTHER
14. Maiden Name Bessie Johnson
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 7 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location

18 (a) Funeral director A Dolphus Hubbard
(b) Address 628 Druid Hill Ave

19 Apr 7 '41 Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1941, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24, 1941 to Apr. 1, 1941, and that I last saw her alive on Apr. 1, 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Murraghalow M. D.
Address Balto. City Hospitals Date signed 4-1-41

F 79221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-a V

Registered No. F 29221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. unknown (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Brehler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5306 Harford Rd

19 (a) (b)

APR 2 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-41 1941, at 10 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-1 1941, and that I last saw him alive on 4-1- 1941.

Immediate cause of death: Congestive Heart Failure — Duration 4 mos

Due to: Arteriosclerosis - Hypertension — Duration !

Due to

Other Conditions: Bilateral Indirect Inguinal Hernias

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 4-1-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Timothy A. Callahan Jr M. D.
Address University Hosp Date signed 4-1-41

EUGENE E. TICE ✓

79222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 N F 79222 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) A-0-A.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13 6

3 (a) FULL NAME Eugene E. Tice

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara F. Tice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5-1878

8. AGE: Years	Months	Days	If less than one day
62	6	26	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Iron Moulder
11. Industry or business Koppers Co-Bartlett-Hayward Div.

FATHER
12. Name John A. Tice
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Virginia Anderson
15. Birthplace Virginia

16 (a) Informant William A. Tice
(b) Address 3505 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 5231 Falls Road

19 APR 2- 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1941, at 1:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said Inspection + Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Artery Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 4-1-41

79223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No. F 79223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette, Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby Boy" Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-41

8. AGE: Years | Months | Days | If less than one day hr. 30 min.

9. Birthplace 1415 Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Erman Frazier
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Crawford
15. Birthplace Frederick, Md.

16 (a) Informant Erman Frazier
(b) Address Same

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 2 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. L. Moore
19 (a) Filed APR 2 1941 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1941, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941, to 3-30 1941, and that I last saw h[illegible] alive on 3-30 1941.

Immediate cause of death: Prematurity (6 mos. pregnancy)

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel L. Zaeh M. D.
Address Franklin Sq. Hosp Date signed 3-30-41

6381

79224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B V

Registered No. 29224

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick H. Leonard

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Amelia Leonard

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 2/22/1867

8. AGE: Years 77 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Hostler

11. Industry or business Balto City

FATHER
12. Name Dont Know
13. Birthplace Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace Md

16 (a) Informant Mrs John Kellar.
(b) Address 950 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director John Ulluch
(b) Address 1901 Eutaw St

19 (a) APR 2 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1941, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1940 to 8/1 1941. and that I last saw h/M alive on 8/1 19 41.

Immediate cause of death	Duration
Arteriosclerotic CVD	
Cardiac Hyperf	
Due to Mitral Stenosis	
Auricular Fibrillation	
Due to Congestive failure	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas D Marsh M. D.
Address 861 N Eutaw Place

VS 3

4 Copy E 79225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 79225

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2040 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM ENNIS

3 (b) If veteran, name war Yes

3 (c) Social Security Account No. 217-01-3419

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1898

8. AGE: Years 43 | Months 7 | Days | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Samuel Ennis

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Marion Jones

15. Birthplace Baltimore, Md.

16 (a) Informant Florence Ennis

(b) Address 2040 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Md

18 (a) Funeral director Robert E. Williams

(b) Address 1545 Eastern Ave Baltimore, Md

19 (a) APR 2- 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 8 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration subdl

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner

Date signed 3-31-41

VS 6

F 79226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D F 79226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 S. Monroe St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard M. Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4018

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elvira M. Carr (nee Horner)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/97

8. AGE: Years 29 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Harry O. Carr
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Miller
15. Birthplace Balto. Md.

16 (a) Informant Arthur H. Carr
(b) Address 407 S. Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood

18 (a) Funeral director Harry H. Smith Co.
(b) Address 4/1/41 Edmondson Ave

19 (a) APR 2- 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1939 to 3/31 1941, and that I last saw him alive on 3/21 1941.

Immediate cause of death	Duration
Uremia	7 days
Due to Chronic Nephritis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Collins M. D.
Address 2116 N. Pratt St Date signed 4/1/41

VS 3

F 79227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 79227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME ABRAHAM L. MUNS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St

19 1941 Date rec'd by registrar Huntington Williams, Md.

FS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar, right — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-28-41

79228

NOAH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B ✓

Registered No. 79228

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2038 Ashland Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Ashland Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura G. Noah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Noah
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct. 7. 1873

8. AGE: Years	Months	Days	If less than one day
67	5	25	hr. min.

9. Birthplace Carroll County Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Simon L Bish
13. Birthplace Maryland

MOTHER
14. Maiden Name Angelina Myers
15. Birthplace

16 (a) Informant George Noah
(b) Address 2038 Ashland Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5/41 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Baltimore Md

18 (a) Funeral director Frank Grach & Son
(b) Address 900 N. Chester st

19 (a) (Date rec'd by registrar) APR 2 1941 (b) Hunt & Son Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1941. to April 1 1941. and that I last saw h[illegible] alive on April 1 1941.

Immediate cause of death	Duration
Cerebral Embolus	2 weeks
Due to Auricular Fibrillation	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2209 E Madison st Date signed 4/2/41

79229

4187-299 above

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C F 79229 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Wilhelmina Noll

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Jacob Noll
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): July 1, 1861
8. AGE: Years 79 | Months 9 | Days — | If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business —

FATHER
12. Name: Conrad Noll
13. Birthplace: Germany

MOTHER
14. Maiden Name: Augusta ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Florence M. Mooney
(b) Address: 1100 Edmondson Ave. (Daughter) Carroll P.O., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 3, 1941 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Baltimore Md.

18 (a) Funeral director: A. Howard Evans
(b) Address: 400-02 S. Charles St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1941, to Apr. 1 1941, and that I last saw HER alive on Apr. 11 1941.

Immediate cause of death: Arteriosclerosis (Indefinite) — Duration

Due to:

Due to:

Other Conditions: Acute dilatation of heart (1 day)

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Campbell M. D.
Address 1647 Hanover St. Date signed 4-2-41

Registrar: Howard Williams, M.D.

79230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 79230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Granby St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM J. BENSON ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1868

8. AGE: Years 72 | Months 11 | Days 26 | If less than one day hr. min. 65

9. Birthplace Bradys Bend, Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Benson
13. Birthplace Pa.

MOTHER
14. Maiden Name Lucy
15. Birthplace Pa.

16 (a) Informant Old age Pension Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Matthew's
Location Forest Lawn

18 (a) Funeral director Wendell Chapel
(b) Address 512 N. Howard St

APR 2 - 1941 (Date rec'd by Registrar)

(a) (b) Huntington Williams Liddy & Co

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1941, at 8 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia lobar bilateral — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 3-28-41

F 79231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79231

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1331 N. Gilmore

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1331 N. Gilmore (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Fanny White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1899

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)

10. Usual Occupation cook.

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Rev. Julia Francis

(b) Address 1327 N. Gilmore St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-5-41 (month) (day) (year)

(c) Cemetery or crematory Evergreen Cemetery

Location a. a. County

18 (a) Funeral director Adolphus Holstead

(b) Address 918 Druid Hill Ave.

APR 3 - 1941 (Date rec'd by registrar)

(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941 at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1941, to 4/1 1941, and that I last saw h[illegible] alive on 4-1 1941.

Immediate cause of death

Pleural Pneumonia

Duration 5

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. R. Hatcher M. D.

Address [illegible] Date signed

F 79232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79232 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 E 20th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Simms

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lyrette Simms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1864

8. AGE: Years 76 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired Plumber

11. Industry or business

FATHER 12. Name Thomas Simms Sr

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name —

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs Lyrette Simms

(b) Address 1514 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4th 1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood Mem

Location Taylor Ave

18 (a) Funeral director Leo E. Cook

(b) Address 1701-03 N Patterson Park Ave

APR 3 - 1941 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1941 to April 1 1941, and that I last saw him alive on April 1 1941.

Immediate cause of death: Left Lobar Pneumonia — Duration 10 days

Due to Pneumococcus Type III

Due to

Other Conditions Arteriosclerotic Heart disease with Auricular fibrillation & decompensation

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Reynolds Jr. M. D.
Address St Joseph's Hosp. Date signed 4-1-41

VS 3

Correct name, address, and other information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 79233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Etting Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Simon Pitts

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-05-3426

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alice Pitts
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 15, 1896
8. AGE: Years 44 Months 5 Days 15 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Alice Pitts
(b) Address 2113 Etting St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location
18 (a) Funeral director Mrs. R. A. Elliott and Daughter
(b) Address 1129 N. Carrollton St.
APR 3 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 7:27 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from March 25 1941, to March 30 1941, and that I last saw h[illegible] alive on March 30 1941.

	Duration
Immediate cause of death: Cerebral Apoplexy	5 Da
Due to: Hypertension & Chronic Hypertrophy	0
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 3/31/41

VS 3

F 79234

Shiflett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-L

F 79234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ruth Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROY LEE SHIPLETT
ROY LEE SHIFLETT

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 229-03-8143

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If wife, give age 6/26/1907 years

7. Birth date of deceased (mo., day, yr.) 4-22-07

8. AGE: Years	Months	Days	If less than one day
33	9	12	10 hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Steel worker

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Bernard Shiflett
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Seniz
15. Birthplace Va

16 (a) Informant Edward Shiflett
(b) Address 1-H-H-

17 (a) Burial (b) Date thereof April 5/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hillsboro Va
Location near Charlottesville

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eastern Place

19 (a) (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

APR 3 1941 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 12 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 31, 1941
(c) Where did injury occur? Holabird Rd and Sparrows Pt. Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenmueber M.D.
Asst Medical Examiner.

Date signed 4-2-41

79235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-P Registered No. F 79235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Pratt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Andrew Lauritsen

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 086-16-9259

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1878

8. AGE: Years	Months	Days	If less than one day
62	11	29	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-41 (month) (day) (year)
(c) Cemetery or crematory St marys
Location Hamden

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Road.

19 (a) (Date received by registrar) Hunington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1941, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1941, to March 30 1941, and that I last saw him alive on March 30, 1941.

Immediate cause of death: Thrombosis of right cerebral artery — Duration: 3 weeks
Due to: Luetic aortitis — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson
Address US Marine Hospital Baltimore, Md. Date signed 4/2/41 M.D.

PRESS WHITE PANEL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 North Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 N. Calvert St, 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophia Helen Wachter

3 (b) If veteran, name war ---------
3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank C. Wachter —
6 (c) If alive, give age D = years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1860

8. AGE: Years	Months	Days	If less than one day
80	6	11	..... hr. ..... min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Housewife at Home
11. Industry or business

FATHER
12. Name John Mainz
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunda Lang
15. Birthplace Germany

16 (a) Informant Mrs. Edward Wachter
(b) Address 2828 N. Calvert Street.

17 (a) Burial (b) Date thereof Apr. 3. 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director D. Nippert & Son.
(b) Address 1300 Eutaw Place

19 (a) APR 3 1941 (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1. 1941 --- 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1941 to Apr 1 1941, and that I last saw her alive on March 31 1941.

Immediate cause of death: Myocarditis, about 2 wks
Due to: Arteriosclerosis, 5 yrs
Due to: Hypertension — about 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Niblett
Address 3 Garrison Blvd. Date signed 4/2/41 M. D.

Dr. Niblett

F 79237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 79237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hospital for the Women of Md.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. BERNICE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Baby Hoffmeister

F 25903

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/1/41

8. AGE: Years | Months | Days | If less than one day: 14 hr. 38 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Harry Lee Hoffmeister

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Helen Gertrude Barranger

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Hoffmeister

(b) Address 23 North Bernice Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Harry H Wilhelm

(b) Address 4101 Edmondson Ave

19 (a) APR 3 - 1941 (Date received by Registrar) (b) Hmig for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/41 19 . at 12:06 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/41 19 . to 4/2/41 19 . and that I last saw h[illegible] alive on 4/2/41 19 .

Immediate cause of death: Cerebral hemorrhage

Due to: Birth injury

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Cerebral hemorrhage

Duration: 14 hrs 38 min

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Hosp. f. Women of Md. Date signed 4/2/41

F 79238

F 79238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 35-40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Fairview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Eva Jakols

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Mat Jakols

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted]

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Mirga Last -

13. Birthplace Russia

MOTHER 14. Maiden Name Faga -

15. Birthplace Russia

16 (a) Informant Samuel Jakols

(b) Address 615 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Wash. Blvd.

Location Wash. Blvd.

(d) Funeral director Jack Lewis Inc

Address 1429 E. Balto. St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 19 41, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 19 41 to 4-2 19 41 and that I last saw h er alive on 4-2 19 41.

Immediate cause of death	Duration
Heart failure	approx. 2 days
Due to arteriosclerotic V Dis.	several years
Due to	
Other Conditions Bronchopneumonia	last days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theresa H. Cohen

Address Sinai Hosp. Date signed 4/[illegible]/41

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 79239 F 79239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3431 Fleurton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3431 Fleurton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Eppey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis E. Eppey

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept - 8 - 1867

8. AGE: Years 73 | Months 6 | Days 24 | If less than one day: hr. min. 23

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Herman Eppey
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Wilhelm
15. Birthplace Germany

16 (a) Informant: Louis E. Eppey
(b) Address 3431 Fleurton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 4 - 41 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St

APR 3 - 1941 (Date rec'd by registrar) Huntingtown Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 1 - 1941, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939, to April 1 1941, and that I last saw her alive on April 1 1941.

Immediate cause of death myocardial degeneration

Duration

Due to

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gorsuch M. D.

Address 147 E Eager Date signed: 4-2-41

F 79240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C

F 79240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution:
Melrose.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Elliott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Charles E. Hoodman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5559

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
7 50 yrs	?		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Labor

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Simonbie (friend)
(b) Address 2822 Elliott St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O Donnell St

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St.

19 (a) Date received by Registrar APR 3 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1941, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10th 1941, to April 2nd 1941, and that I last saw him alive on 4/1/41 19

Immediate cause of death Cardiac Arthma — Duration 3 Mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Wheaton M. D.
Address 4309 York Rd Date signed 4/3/41

Please write plainly with pen or pencil. Every question must be answered. If unknown or not applicable, so state. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Nursing Home 27-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Years
(e) Length of stay in Baltimore (yrs., mos., or days) About 80 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Charles H. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 80	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER 12. Name William George Webb

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Amanda C. McCann

15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Harry Webb

(b) Address 6213 Blackburn Lane, Cedarcroft

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)

(c) ~~Cemetery or~~ crematory Loudon Park

Location Frederick & Loudon Avenues

18 (a) Funeral director H. W. Mears & Son

(b) Address 805 N. Calvert Street

19 (a) APR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1 1941, at 10 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1933, to Apr 1 1941, and that I last saw h-- alive on May 30 1941.

Immediate cause of death Chronic Emphysema, arteriosclerosis and Myocarditis — Duration 8 yrs.

Due to

Due to

Other Conditions Cardiac decompensation — 2 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury

23. Signature Harry Webb

Address 6213 Blackburn Lane Date signed 4/8/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 E Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E Fayette
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Ida May Newman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John H. Lios Newman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years abt 76 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name T Cook
13. Birthplace Unknown

MOTHER
14. Maiden Name Donat Knorr
15. Birthplace " " "

16 (a) Informant Mrs Raymond Newman
(b) Address 19 E Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory Hadley Mass
Location Md

18 (a) Funeral director J. Stokes Lane
(b) Address 1131 N. Eutaw St

19 (a) (Date rec'd by registrar) (b) Filing No. William [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 2 1941, to April 1 1941, and that I last saw h[illegible] alive on March 31 1941.

Immediate cause of death: Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions: Arterio Sclerosis · Hypertension · Myocardial

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schwenck, M.D.

Address 1337 S. Charles St Date signed 4/3/41

FS 3

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Information must be correct and complete, especially important.

F 79243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

F 79243

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co
(c) City or town Dorsey (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Grimes (JOHN ELLSWORTH GRIMES)

3 (b) If veteran, name war Yes

3 (c) Social Security Account No. 705-07-8988

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kathryn C. Grimes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1900

8. AGE: Years 41 | Months 1 | Days 26?? | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Conductor - freight

11. Industry or business Railroad (Curtis Bay)

FATHER
12. Name John W. Grimes
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Nina King
15. Birthplace Illinois

16 (a) Informant Mrs. Kathryn C. Grimes
(b) Address Dorsey, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 APR 3 - 1941 (Date rec'd by registrar) (b) Hunter [illegible] Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1941, at 12:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed Chest — Duration

Due to

Due to

Other Conditions Prostatic Fungus, Ruptured Bladder, multiple fractures & wound burns (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-2-1941 2:55
(c) Where did injury occur? Dorsey Anne Arun. Co. Curtis Bay (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Railroad (Specify type of place) While at work? Yes
(e) Means of injury Crushed between railroad Cars.

23. Signature Howard J. Wheeler M.D. Medical Examiner
Date signed 4-2-'41

79244 FDM
Gil - 2424

Kiler

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-P

Registered No. F 79244

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 794 Linnard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 794 Linnard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flora Maybelle Kiler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph Kiler

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 18[illegible]

8. AGE: Years 76 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Oakland - Md:
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Peter H. Suddarth
13. Birthplace Maryland:

MOTHER
14. Maiden Name [illegible]
15. Birthplace

16 (a) Informant Clara Virginia Taylor
(b) Address 784 Linnard St.

17 (a) Burial: (b) Date thereof 4/4/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sunnyside:
Location Ilchester Md.

18 (a) Funeral director Hamilton E. Tyler
(b) Address 1600 W. North Ave

19 (a) APR 3 1941
(Date received by registrar)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1941 to 4/1 1941
and that I last saw h alive on 4/1 1941.

Immediate cause of death: Cerebral Thrombosis — Duration 5 days

Due to: arteriosclerotic cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunter E. Stacy

Address 3803 Edmondson Ave Date signed M. 9/3/41 D.

DEMBINSKI

HEALTH DEPARTMENT—CITY OF BALTIMORE

79245 CERTIFICATE OF DEATH 79245

Social Security No 220-07-3601 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 East Lor St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph. Dembinski

If U. S. Veteran specify WAR

(a) Residence: 2707 East ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maryanna

6. DATE OF BIRTH (month, day, year) Sept 7-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Dembinski

(Address) 2829 Hudson St

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date 4-6-41 19

19. UNDERTAKER John J Duda

(Address) 2829 Hudson St

20. FILED APR 8 - 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 1 19 41 to April 2 19 41

I last saw h[illegible] alive on 4-2 19 41 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cystitis Calculosis	1/41
Prostatic Hypertrophy	over
Other contributory causes of importance:	
Toxic Absorption	2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) Edward Kook M.D.

(Address) 2530 E Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 79246

F 79246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Preston Apartments
(b) Street address Preston St. & Guilford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Preston St. & Guilford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Agnes Hardey Kemp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles T. Kemp
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1868

8. AGE: Years	Months	Days	If less than one day
72	5	21	-- hr. --- min.

9. Birthplace Howard County, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Dr. William H. Hardey
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Louisa Spear
15. Birthplace Howard County, Md.

16 (a) Informant Mrs. Irena Cooke
(b) Address Stevenson, Md

17 (a) Burial (b) Date thereof 4/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) APR 4 1941 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1925. to April 2, 1941., and that I last saw her alive on April 2, 1941.

Immediate cause of death	Duration
Coronary occlusion	8 days
Myocardial disease	6 yrs.
Due to Arterio-sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William B. Foreman M. D.
Address 107 St. Paul St. Date signed 4-3-41

VS 3

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct as to every detail. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

F 79247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 79247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 E 27th St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 E 27th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Philena Woolston Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph L. Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26-1861

8. AGE: Years	Months	Days	If less than one day
79	3	5	hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Chas. M. Jourdan
13. Birthplace Md

MOTHER
14. Maiden Name Harriet E Boozer
15. Birthplace ~~Md~~ Pa

16 (a) Informant Miss Carrie L Knight
(b) Address 9 E. 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 4-1941 (month) (day) (year)
(c) Cemetery or crematory Smith Chapel Cem
Location Harford Co. Md

18 (a) Funeral director Pennington & Sons
(b) Address Havre De Grace Md

APR 4 — 1941 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/41 1941 at 7:0 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/7/40 to 4/3/41, and that I last saw h~~er~~ alive on 4/3/41.

Immediate cause of death Carcinoma of bladder

Duration Since 11/7/40

Due to —

Due to —

Other Conditions Recto-vesical fistula

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Vera Bowden

Address 1517 S. North Ave Date signed 4/3/41

F 79248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 79248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Magothy Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Mr John Herman Weichman
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-14-3067

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Lillian Weichman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 24th 1890
8. AGE: Years 50 | Months 9 | Days 9 | If less than one day ... hr. ... min.
9. Birthplace: Germany (Town, county and state)
10. Usual Occupation: Engineer
11. Industry or business: Balto Enamel Co

FATHER
12. Name: (Unknown) Weichman
13. Birthplace: Germany

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Herman V. Weichman
(b) Address: Manley Park A. A. Co. Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven
Location: A. A. Co. Md.
18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.
19 APR 4 - 1941 (Date rec'd by reg.) (Signature of Huntington Williams, M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 2:05 A M
21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1941 to April 2 1941, and that I last saw him alive on April 2 1941.
Immediate cause of death: Brain tumor

	Duration
	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Cerebellar tumor of brain (left side)
Of autopsy: Tumor of cerebellum, Hemiatrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: H. C. Pearman M.D.
Address: Md General Hosp Date signed: 4/3/41 M. D.

F 79249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 79249 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution: Medrose
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Julia Muhlenfeld.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Otto Muhlenfeld

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1873

8. AGE: Years	Months	Days	If less than one day
68	2	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Muriel Muhlenfeld
(b) Address 2112 Jefferson St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) Apr 4 1941 (Date received by registrar) (b) Registrar

APR 7

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1941, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1940, to Apr. 2nd 1941, and that I last saw h alive on 4/1/41, 1941.

Immediate cause of death Chronic Diabetes — Duration 5 Yrs

Due to Uremic Sclerosis — 2 Yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. D Leaton M. D.

Address 1135 York Rd Date signed 4/3/41

F 79250 ✓ F 79250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene St.
(c) Hospital or institution: Maryland Hospital 15-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Springdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Hoffberger ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6690

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Leona

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Manufacturer

11. Industry or business

FATHER
12. Name Charles Hoffberger
13. Birthplace Austria

MOTHER
14. Maiden Name Sarah Hollander
15. Birthplace Austria

16 (a) Informant Charles Hoffberger
(b) Address 3303 Springdale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) APR 4 1941 (Date received by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 5 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1941, to April 3 1941, and that I last saw him alive on April 3 1941.

Immediate cause of death	Duration
Congestive heart failure	5 days
Due to Hypertensive cardiovascular disease	-
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Bauer M. D.
Address Maryland Hospital Date signed 4/4/41

F 79251

BALTIMORE CITY HEALTH DEPARTMENT

DH 64413

CERTIFICATE OF DEATH

95-B

F 79251 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 S Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Buchwald

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Eugene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1899

8. AGE: Years	Months	Days	If less than one day
41	4	19 10	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Teacher of Knitting

11. Industry or business

FATHER
12. Name Morrie Lieberman
13. Birthplace Hungary

MOTHER
14. Maiden Name Ester Leb
15. Birthplace Hungary

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/44 (month) (day) (year)
(c) Cemetery or crematory Northern Washington Blvd
Location Washington Blvd

18 (a) Funeral director Jos. Levinson & Bros.
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by Registrar) (b) Washington Millinery Co.

APR 5 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1941, at 3 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13- 1941, to 4-3- 1941, and that I last saw h-- alive on 4-3- 1941.

Immediate cause of death — Duration?
Cardiac Failure — 1 day
Embolism of Coronaries & Chronic arteriosclerosis
Due to
Chronic Ulcerative Colitis — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-3-41

F 79252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P

F 79252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Ocala ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Engel

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Fannie Engel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 73 | Months — | Days — | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER 12. Name Chaim Lazar Engel
13. Birthplace Poland

MOTHER 14. Maiden Name Bessie Rachel
15. Birthplace Poland

16 (a) Informant Mrs Fannie Engel
(b) Address 2304 Ocala ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Blvd

18 (a) Funeral director Bol. Lewinson & Bro.
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 4 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1941 to April 3 1941, and that I last saw h[illegible] alive on April 3 1941.

Immediate cause of death: coronary occlusion — Duration
Due to: pyelonephritis
Due to: generalized arteriosclerosis
Other Conditions: following partial prostatectomy
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Ca of prostate
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse N. Borden
Address Sinai Hospital Date signed 4/3/41

F 79253 ✓ F 79253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 N Howard St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Julius Atkins

(a) Residence: No. 2222 N. Howard St., Ward. No. S. S. No.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fannie Atkins

(Address) 2222 N Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4-4 19 41

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

20. FILED APR 4 - 1941 Hunting for Williams 4/4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 19 41

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 19 40 to April 7 19 41

I last saw h— alive on April 7 19 41 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Oct 1940
Arteriosclerosis & Chronic Nephritis	Oct 1940

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) L. A. Rehfuss M. D.

(Address) 112 W. 25th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79254 Starry ✓ F 79254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 39608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correction is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S Calhoun (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Stevens Starry ✓

3 (b) If veteran, name war Yes
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Wid

6 (b) Name of husband or wife Mary E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1892

8. AGE: Years	Months	Days	If less than one day
48	5	4	hr. min.

9. Birthplace Balt (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER 12. Name Henry Webster Stevens
13. Birthplace Pa

MOTHER 14. Maiden Name Mary Tanzey
15. Birthplace Ireland

16 (a) Informant Daughter
(b) Address 3411 Eaton Ave 4/5/41

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick ave

18 (a) Funeral director Harry N Fiske
(b) Address 4101 Edmondson Ave

19 (a) 1941 (b) (Date rec'd by registrar) Registrar

VS 3

Hunter's Ln Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1941, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941, to 4-2 1941, and that I last saw h[illegible] alive on 4-1 1941

Immediate cause of death: Bronchopneumonia
Due to: Degen C V Dis
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jul Parks M. D.
Address St Agnes Date signed 4/2

F 79255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a

F 79255

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Cliftwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary R Brandt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry R Brandt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1872

8. AGE: Years	Months	Days	If less than one day
68	11	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name John Parker
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Goldmark
15. Birthplace Virginia

16 (a) Informant Mrs Wm Cuthly
(b) Address 2113 Cliftwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave Balto Md

18 (a) Funeral director Albert L Hilt
(b) Address 1606 N Charles St

19 (a) APR 4 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1941, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7th 1941, to April 2 1941, and that I last saw h[illegible] alive on 4/2/41 19

Immediate cause of death	Duration
Chronic Myocarditis	15 yrs
Due to	
Due to	
Other Conditions: Cancer of Rt Kidney (Include pregnancy within 3 months of death)	

Major findings:
Of operations Operation 1938 Kidney removed
Of autopsy cancer same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A W. Wheaton M. D.
Address 4309 York Rd Date signed 4/3/41

F 79256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

✓ F 79256

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 N. Arlington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ashby Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	Colored	Married	Mamie Hawkins	years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	7	1		

9. Birthplace Lynchburg Va (Town, county and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Robert Hawkins
13. Birthplace Va

MOTHER
14. Maiden Name Susie Polk
15. Birthplace Va

16 (a) Informant Mamie Hawkins
(b) Address 949 Arlington Ave - Govans

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-5-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director M & W Frances A. Wemley
(b) Address 578 W. Baltimore St

19 (a) Date rec'd by Registrar APR 4 1941 (b) Registrar Washington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 1941, at 5 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1941 to 4-3 1941 and that I last saw h[illegible] alive on 4-3 1941

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 8 mos.
Due to: Generalized Arteriosclerosis — Duration: ?
Due to: [illegible]
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musumeci M. D.
Address Provident Hospital Date signed 4-3-41

F 79257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 79257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glenburnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 795 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delmar Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Mal

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1939

8. AGE: Years 2 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Gaylesville, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Smith
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Christine Makell
15. Birthplace Gaylesville, Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery or crematory Galesville Md
Location

18 (a) Funeral director
(b) Address

19 (a) Filed (Local registrar) APR 4 1941 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941 at 11:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Edema of Glottis
Due to ENUCLIATION OF THE Exploration of Neck for Glioma of Retina (Malignant Tumor)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/1/41

F 79258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79258

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 McKean Ave 16th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Myers, Raymond

(a) Residence: No. 1111 McKean Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Myers

6. DATE OF BIRTH (month, day, year): Aug 11, 1882

7. AGE: Years 58; Months 7; Days 21; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Windsor, Md

FATHER

13. NAME: Jacob Myers

14. BIRTHPLACE (city or town) (State or country): New Windsor Md

MOTHER

15. MAIDEN NAME: Julia Butler

16. BIRTHPLACE (city or town) (State or country): New Windsor Md

17. INFORMANT: Ella Myers

(Address) 1111 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: 4/7/41

19. UNDERTAKER: Norward D. Covington

(Address) 1044 W. 25th St.

20. FILED: APR 4 - 1941

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from October 16 19... to April 7 19 41

I last saw him alive on March 31 19 41 Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration of myocardium (myocarditis)	Several years ago
Chronic Cardiac dilatation	1925
Acute Cardiac dilatation	3/24/41

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dallas F. Bagwell M. D.

(Address) 1229 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79259

44172 55

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79259 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 S. Charles St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shugh, John

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1867

8. AGE: Years	Months	Days	If less than one day
74 75	2	30 23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Ezra
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Mary Jane ?
15. Birthplace Adams County, Md.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory Westminster Md.
Location Westminster, Md.

18 (a) Funeral director Linwood L. Coringer
(b) Address 1021 W. 25th St

19 (a) (Date rec'd by registrar) (b) [illegible]

APR 4 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1, 1941, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25-1939 to 3-31-1941 and that I last saw h[illegible] alive on 3-31-1941

Immediate cause of death Coronary thrombosis — Duration 7

Due to Hypertensive CVD — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murraghelstein
Address Balto City Hosp Date signed 4-3-41 M. D.

VS 3

F 79260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79260

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 W Randall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W Randall St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Oliver B Phebus

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-05-7808

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 10 1872

8. AGE: Years	Months	Days	If less than one day
68	6	23	2 hr. ____ min.

9. Birthplace Ridgeville Carroll Co Md (Town, county, and state)
10. Usual Occupation Clerk B-O.
11. Industry or business

FATHER
12. Name Daniel Phebus
13. Birthplace Md

MOTHER
14. Maiden Name Lucinder Etchison
15. Birthplace Md

16 (a) Informant Mrs Katherine Phebus
(b) Address 111 W Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5 /41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3201 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Date received APR 4 1941 (b) Name and title of registrar F Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 11:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to April 2 1941, and that I last saw him alive on April 2 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	March 20 1941
Due to Hypertension	1 yr
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 122 E Chase St Date signed April 4, 1941

F 79261 X ✓ F 79261

BALTIMORE CITY HEALTH DEPARTMENT Maryland Registered No.

CERTIFICATE OF DEATH 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 ROLAND AVE.
(c) Hospital or institution: MELROSE NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town SUNNYBROOK (RURAL) (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY EMILIA WILHELMINA HORN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife ADAM HORN
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC. 2, 1866

8. AGE: Years	Months	Days	If less than one day
74	4	—	hr. min.

9. Birthplace JACKSONVILLE, BALTO. CO., MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN NERHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH KREUGER
15. Birthplace PERU

16 (a) Informant MRS. MINNIE A. NEUHAUSER
(b) Address OWINGS MILLS, BALTO. CO., MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/6/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ FAIRVIEW METHODIST
Location SUNNYBROOK, BALTO. CO., MD.

18 (a) Funeral director JOHN BURNS' SONS
(b) Address TOWSON, MD.

19 (a) APR 4 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Address, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 2, 1941, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1940, to April 2, 1941, and that I last saw her alive on April 1, 1941.

Immediate cause of death	Duration
Cerebral hemorrhage, right	10/22/40
Paralysis left side	
Due to Hypertension	Unk
Due to Arteriosclerosis	Unk
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rollin G. Hudson M. D.
Address Towson, Md. Date signed 4/2/41

VS 3

F 79262

OF 64806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Colvin Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sam Genovese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Sadie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1902

8. AGE: Years	Months	Days	If less than one day
38	10	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation fruit seller
11. Industry or business

FATHER
12. Name Anthony
13. Birthplace Italy

MOTHER
14. Maiden Name Lena Concore
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hosptials

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Albert W. Dreyer
(b) Address 440 E north Ave

19 APR 4 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1941, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29- 1941, to 4-2- 1941, and that I last saw him alive on 4-2- 1941.

Immediate cause of death G.I. Hemorrhage — Duration 3 days
Due to Typhoid Fever — 3 weeks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Lotkins M. D.
Address 1 Gallo Bldg Norfo · Date signed 4-2-41

F 79263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 79263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Rutland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 lb
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Rutland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years. years

3 (a) FULL NAME John G. Buschman.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Josephine Buschman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2nd. 1876

8. AGE: Years	Months	Days	If less than one day
64	10	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Saloon Keeper
11. Industry or business

FATHER
12. Name Henry Buschman
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Johnson
15. Birthplace Germany

16 (a) Informant Mrs. Josephine Buschman
(b) Address 1508 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-41. (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Wendell E. Humphreys.
(b) Address 1501 N. Broadway.

19 APR 4 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2-41. 19 , at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to April, 1941. and that I last saw h. alive on April 1, 1941.

Immediate cause of death Arteriosclerotic C.V.R.D.s
or Hypertension

Due to

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Brosman M. D.
Address 2340 Eutaw Pl. Date signed

VS 3

F 79264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

F 79264 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Harford av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Harford av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Crawford
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Irving Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1874

8. AGE: Years 67 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Griffen Jones
13. Birthplace Ga

MOTHER 14. Maiden Name Catherine Dentrac
15. Birthplace Ga

16 (a) Informant Addie B. Parks
(b) Address 704 Harford av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 (month) (day) 41 (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Govans P.O.

18 (a) Funeral director Chas. H. Williams
(b) Address 45 E. Monument St.

19 (a) APR 4 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 41 to April 1 1941, and that I last saw h alive on April 1 1941

Immediate cause of death
Mitral Insufficiency
Chr. nephritis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. Harris
Address 1317 N Carlton Date signed 4-3-41

VS 3

F 79265

F 79265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 N Caroline
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Death

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N. Caroline ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem'l	colored	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1880

8. AGE: Years	Months	Days	If less than one day
60	6		hr. min.

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace A. A. Co Md

MOTHER
14. Maiden Name Louisa ?
15. Birthplace A A Co Md

16 (a) Informant Birth Ockenaya
(b) Address 808 N Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E Wallace
(b) Address 15-15 McElderry St

19 (a) APR 4 - 1941 (b) Huntington Mallonee M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 1 1941, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1941, to Apr 1 1941, and that I last saw h alive on Apr 1 1941.

Immediate cause of death	Duration
Apoplexy	2 days
Due to Arterio-Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Edward Fisher M. D.
Address 2 E Monument Date signed 4-2-41

VS 3

F 79266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 a F 79266 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 Wilhelm St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2022 Wilhelm St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adeline McKenna

3 (b) If veteran, name war No
3 (c) Social Security Account No. No
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Joseph F McKenna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 22 1886
8. AGE: Years 55 Months 1 Days 10 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Tilley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rose Fitzpatrick
15. Birthplace Baltimore

16 (a) Informant Mary Hartman
(b) Address 2022 Wilhelm St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road
18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hoffman Sts

APR 12 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1941, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 3/20 1941 to 4/2 1941 and that I last saw h[illegible] alive on 4/2 1941.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas A Cahn M. D.
Address 2145 N Balto St Date signed 4/4/41

VS 8

F 79267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 151c

F 79267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 E. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Lewis Birth F 25979

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife 4/3/41

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30 minutes			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Man

11. Industry or business

FATHER
12. Name Evelyn
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) APR 4 1941

(c) Cemetery or crematory
Location Commissioner of Health

18 (a) Funeral director Per H. S. Moore
(b) Address

19 (a) APR 4 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Anencephaly — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandersyde M.D.
Medical Examiner.

Date signed 4/4/41

79268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79268

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & John Sts

(c) Hospital or institution: Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5100 Belleville Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME Edna Laughton Pumphrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	1413	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles H. Pumphrey

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Elizabeth A. Lawton

15. Birthplace Baltimore Md.

16 (a) Informant Mrs Casper S. Wolf

(b) Address 5100 Belleville Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5 1941 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Harry M. Armacost

(b) Address 4204 Reisterstown Rd

APR 4 1941 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 12-48 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941, to April 3 1941, and that I last saw her alive on April 3 1941.

Immediate cause of death

Bilateral lobar pneumonia — Duration: 4 days

Due to Pneumococcus type V

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None done

Of autopsy None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond D. Zinn M. D.

Address Woman's Hospital Date signed 4-3-41

79269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. E 79269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Veronica Sarah Layden Smick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~of wife~~: Phillip Smick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1872

8. AGE: Years 68 | Months 10 | Days 24 | If less than one day hr. 23 min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Michael Clark
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Ireland

16 (a) Informant Mrs Cathryn
(b) Address 1309 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1436 E. Lafayette Ave Huntington Philadelphia Pa.

APR 4 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1941, at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20, 1941, to April 3, 1941, and that I last saw her alive on April 3, 1941.

Immediate cause of death	Duration
Circulatory Collapse	1 day
Due to Arteriosclerotic Cardio-Vascular Disease.	Unknown
Due to	
Other Conditions Pneumococcic empyema (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Carl Steele, M. D.
Address Mercy Hosp., Date signed April 3, 1941

PENALTY FOR FALSE STATEMENT, WITH INTENT TO DEFRAUD, IS FINE OR IMPRISONMENT OR BOTH. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. E 79270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State W.Va. (b) County Raleigh Co.
(c) City or town Beckley W.Va. (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 Burggis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME Josephine Di Silvestri. Josephine Di Silvestri

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Berardo Di Silvestri

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10 1910

8. AGE: Years 30 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name Vincenzo Cantalupi
13. Birthplace Colledara Teramo Italy

MOTHER
14. Maiden Name Maria Di Simone
15. Birthplace Colledara Teramo Italy

16 (a) Informant Berardo Di Silvestri (Husband)
(b) Address 46 Burggis St. (Beckley W.Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem.
Location Oak Hill W.Va.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) [illegible] (b) Registrar Huntington Williams M.D.

APR 4 [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 - 1941, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941. to April 4 1941. and that I last saw h[illegible] alive on April 6 1941.

Immediate cause of death: Circulatory Collapse — Duration

Due to Generalized Peritonitis.

Due to Contamination from Ruptured Appendix

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Hollow viscus suture + small drain with abdominal abscess

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Williams 4/4/41 M. D.

Address [illegible] Date signed

F 79271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76-D

Registered No. F 79271

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Check correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Pocomoke City (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 2nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William James Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Jessie Haynes Hall
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 17, 1867

8. AGE: Years	Months	Days	If less than one day
73	11	17	..... hr. ..... min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Broker
11. Industry or business Securities

FATHER
12. Name Henry W. Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Pettington
15. Birthplace Maryland

16 (a) Informant Mrs Jessie H. Hall
(b) Address Pocomoke City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Marion
Location Somerset Co Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street Baltimore Md

19 (a) APR 4 1941 (b) Huntington Pottinger Registrar
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1941, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1941 to April 4 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death	Duration
Circulatory Collapse	
Due to Secondary Profound anemia	
Due to Chronic Polycythemia Vera	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/4/41

79272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A F 79272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3160 Wilkens Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3160 Wilkens Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

20-b

3 (a) FULL NAME Winfield Scott Hancock Kaufman

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/80

8. AGE: Years	Months	Days	If less than one day
60	9	11	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Pocket Hangers

FATHER
12. Name William Kaufman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Ray
15. Birthplace Baltimore Md.

16 (a) Informant Faith Kaufman
(b) Address 3160 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location 3806 Frederick Avenue

18 (a) Funeral director C. Raymond Kaufman
(b) Address 927 Cuba Avenue

APR 4 1941 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1941, to April 3 1941, and that I last saw h[illegible] alive on April 2 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio Sclerosis	
Due to	
Other Conditions Chr. Nephritis	3

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Glassman M. D.
Address 2687 Reisterstown Rd Date signed April 4 1941

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79273 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilbert St & Saratoga St.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 E. 27th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Joseph Morgan
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-2280

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Midland, Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Charles Morgan
13. Birthplace Scotland

MOTHER 14. Maiden Name Elizabeth ?
15. Birthplace Scotland

16 (a) Informant Hall Rivards
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Old Frederick Rd

18 (a) Funeral director J. Bart E. Morgan
(b) Address 1300 E. Baltimore St.

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Huntingdon Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1941, at 9 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941 to 4-2 1941, and that I last saw him alive on 4-2 1941.

Immediate cause of death Coronary thrombosis — Duration

Due to Mural thrombosis to Left femoral artery & gangrene & Toxemia & Secondary infection

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation Left thigh
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Finnegan Jr.
Address Mercy Hospital Date signed 4-2-41

VS 2

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79273

79274

F 79274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170-C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm C. Pinkard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-1479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	23	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business None

FATHER
12. Name Dont Know
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Charles Harman
(b) Address 2334 Aiken Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell Rd.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St.

19 (a) Apr 1 (Date received by registrar) Hunter & Williams Mort

VS 6 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29- 1941, at 10 45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage
Ruptured Liver - Kidney
Due to Multiple fractures
Due to Fractures of brain
burns
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-29-1941 5 p.m.
(c) Where did injury occur? Lexington & Howard Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Auto.

23. Signature Howard J. Mackenzie M.D. Medical Examiner.
Date signed 3-30-41

E 79275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 79275

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West Virginia (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 3420 De Bree Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Morris Willner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Willner
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-41 (month) (day) (year)
(c) Cemetery or crematory
Location Mary City New Jersey

18 (a) Funeral director John Levy
(b) Address 1429 E Baltimore

19 APR 5 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1941, to 4-4 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death
Brain Metastasis
Due to Bronchus Carcinoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 4 weeks; 5 months; over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Haberer M. D.
Address Sinai Hospital Date signed 4/6/41

VS 3

79276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-N F 79276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Karl

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife John Karl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29-1866

8. AGE: Years 74 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name ~~Mary Helen Stonner~~

15. Birthplace ~~2117 E. Federal St~~

16 (a) Informant Mary Helen Stonner

(b) Address 2117 E. Federal St

17 (a) Burial (b) Date thereof 4-5-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Pluth

(b) Address 530 E. Hoffman St.

19 (d) APR 5 1941 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18, 1941 to April 2 1941 and that I last saw h. alive on April 2, 1941

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to

Due to

Other Conditions Arteriosclerosis — 5 yrs.
Aortic regurgitation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert E. Fitzgerald M. D.

Address 1613 E. North Ave. Date signed 4-3-41

F 79277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 79277

PRINT, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Brewer
Mr Oscar
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Mar 12, 1902

8. AGE: Years	Months	Days	If less than one day
39 38	0	20	hr. min.

9. Birthplace Laurel Md. (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Gr. Nat. Tea Co.

FATHER
12. Name William J. Brewer
13. Birthplace England

MOTHER
14. Maiden Name Grace A. Friend
15. Birthplace Mass.

16 (a) Informant Sidney W. Brewer
(b) Address 1423 - 116 st N.E. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Cookman & Son
(b) Address 924 E. Eager St

APR 5 - 1941 (Date rec'd by registrar) (Huntington Williams, M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 1:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1941, to April 2 1941, and that I last saw him alive on April 2 1941.

Immediate cause of death	Duration
Respiratory Failure	12 hrs
Due to Cerebral Hemorrhage	3 days
Due to Hypertensive Cardiovascular disease	?
Other Conditions Congenital Aplastic Kidneys (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cereb. Hem. - Card. Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Wagner M. D.
Address Mercy Hospital Date signed 4/7/41

7:9278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. 7:9278

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 N Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 N Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret (We) Maggie Small
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife Lewis Small
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace " "

MOTHER
14. Maiden Name Julia Lawson
15. Birthplace Va

16 (a) Informant Rev. Meade (Cousin)
(b) Address 1413 N Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Elroy A Wilson
18 (a) Funeral director
(b) Address 1009 Bentley Ave

19 APR 5 - 1941 (Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1941, at 3:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to April 1 1941, and that I last saw h[illegible] alive on March 31 1941.

Immediate cause of death Carcinoma Bladder — Duration 3 mos

Due to — Duration over

Due to

Other Conditions ~~Hypostat~~ Pyo-Nephrosis — Duration 3 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph E. Young
Address 1429 E Monument St Date signed 4/2/41

VS 3

79279

BALTIMORE CITY HEALTH DEPARTMENT

OF 64778 CERTIFICATE OF DEATH 107 Registered No. F 79279

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1071 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerry Meredith Birth F 2,592

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1941

8. AGE: Years	Months	Days	If less than one day
	2	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jerry
13. Birthplace Virginia

MOTHER
14. Maiden Name Ethel Milburan
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ave

APR 5 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3.28 1941 to 4.3 1941, and that I last saw him alive on 4.3 1941.

Immediate cause of death	Duration
Lateral sinus thrombosis	3 days
Due to Dehydration	2 weeks
Due to	
Other Conditions Pneumonia (Bronchial)	One week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Meredith Lobster M. D.
Address Balto City Hosp. Date signed 4-3-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79280 F 79280

CERTIFICATE OF DEATH V131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Mount St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah J. Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1814 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Baker

6. DATE OF BIRTH (month, day, year) March 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Alexander Hawkins

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Esther L. Lewis

16. BIRTHPLACE (city or town) (State or country) Hadonfield New Jersey

17. INFORMANT Mrs. Corinne Cokley

(Address) 1814 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 4-5 1941

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1821 Druid Hill Ave.

APR 5 1941 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2- 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-30- 1941 to 4-2- 1941

I last saw h[illegible] alive on 4-2- 1941. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-30
Other contributory causes of importance: Cardio-Renal-Vascular Disease	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George C. Bagby M. D.

(Address) 1516 N. Mount St.

INSTRUCTIONS—Items must be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

79281

HEALTH DEPARTMENT—CITY OF BALTIMORE

79281

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W Lafayette St. 14-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Howard

If U. S. Veteran specify WAR

S.S. 215-07-7526

(a) Residence: No. 702 W Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Susie Howard

6. DATE OF BIRTH (month, day, year) Mar 24-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Olivia Howard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna Susie Howard
(Address) 702 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Cem Date 4-7 1941

19. UNDERTAKER Groger T. A. Gibson Sr
(Address) 1737 Druid Hill Ave

20. APR 5 1941 Washington Hill Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 25 1941 to April 3 1941

I last saw him alive on April 3 1941. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/25-41
Other contributory causes of importance:	
Bronchial Asthma	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Moorhead M. D.

(Address) 703 W Lafayette ave

VS 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

79282

HEALTH DEPARTMENT—CITY OF BALTIMORE

79282

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Druid Hill Ave St. 4th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sophia E. Sauka

If U. S. Veteran specify WAR _____

(a) Residence: No. 1902 Druid Hill Ave St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 14 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ellicott Mills Baltimore Co Md

FATHER

13. NAME Frank Madden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Watkins

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Carolina E. Sauka

(Address) 2002 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4 - 6 1941

19. UNDERTAKER George T. G. Gibson Sr

(Address) 1733 Druid Hill Ave

20. FILED APR 5 1941 Huntington Williams, Registrar.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1941 to March 31, 1941

I last saw her alive on March 27, 1941 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia following Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Thos. L. Hopkins M. D.

(Address) 1702 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79283
3950 20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 79283

30-G Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 W. Hoffman St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celeste Valens - (Jackson) ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 '99

8. AGE: Years 41 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Virginia — (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Richard Cherry

13. Birthplace Virginia

MOTHER 14. Maiden Name Eliz. Thames -

15. Birthplace Virginia

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Apr 5 '99

(c) Cemetery or crematory Mount Calvary

Location Brooklyn Md.

18 (a) Funeral director A. Eastland & Son

(b) Address 9 E. Lanvale St.

APR 5 — 1941 (Date received by Local Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION 17

20. DATE OF DEATH April 2, 1941 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1941 to Apr. 2 1941 and that I last saw her alive on April 2 1941.

Immediate cause of death: Acute Hepatitis — Duration 2 wks

Due to Arsenical Treatment

Due to Syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Cline Feltman

Address Johns Hop. Date signed 4/3/41

VS 3

79284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 79284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-5-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.) ------ years

3 (a) FULL NAME Adele Leonard Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Morgan

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) January 1-1862

8. AGE: Years 79 | Months 3 | Days 2 | If less than one day -- hr. -- min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: ------

FATHER
12. Name: John G. ------
13. Birthplace: Maryland

MOTHER
14. Maiden Name: ----- Booz
15. Birthplace: Maryland

16 (a) Informant: Mrs. E. M. Linsley
(b) Address: 3711 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) ADD 5 [illegible] (b) Huntington Williams, MD

Attended by me

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1941, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 25 1940, to April 3 1941, and that I last saw h[illegible] alive on April 3, 1941.

Immediate cause of death: Uterine Carcinoma with Carcinomatosis + General Debility — Duration: 1 year.

Due to:

Due to:

Other Conditions: Psychosis ? Huntington Chorea

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Duncan P. Thomas M. D.

Address: 33 E. Madison St. Date signed

VS 8

PLEASE WRITE PLAINLY, with unfading ink. Erasures or information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 79285 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 W. Garrison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Myrtle W. Winter (MYRTLE WINIFRED WINTER)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Married

6 (b) Name of husband or wife Joseph W. Winter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1888

8. AGE: Years	Months	Days	If less than one day
52	10	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas H. Dorsey
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Alma Kesterson
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. J. W. Winter
(b) Address 3908 W. Garrison Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Avenues

19 (a) (Registrar) (b) Huntington Williams M.D. Registrar

APR 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 9:45 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1941, to April 4 1941, and that I last saw her alive on April 4 1941.

Immediate cause of death	Duration
Carcinoma of liver	
Due to	
Due to	
Other Conditions Adenocarcinoma	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of liver
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Hellman M.D.
Address 1111 Fidelity Bldg Date signed April 7 1941

79286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79286 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6-E-Read St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Upt 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6-E-Read-St- (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Charlotte Newell

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife M. A. Newell

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July-3-1856

8. AGE: Years 84 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Henry Landon Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Cobbs.
15. Birthplace Va

16 (a) Informant Mr Jas. A. Newell- (son)
(b) Address 6-E-Read St-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl-5-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Stewart & Hamill Co.
(b) Address 108 to North Ave.

19 APR 5 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1932, to Apr. 4 1941, and that I last saw her alive on April 2 1941.

Immediate cause of death	Duration
Cardiac (Myocardial) Degeneration	Years
Due to Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Hoffman M.D. M. D.
Address 8 East Read St Date signed 4/4/41

VS 3

79287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 79287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison Ave
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 2 30
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B. A. Co.
(c) City or town Lutherville Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sycamore Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mary Mabel Anderson

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: ?

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Grace C. Anderson

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1880

8. AGE: Years 60 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county and state)

10. Usual Occupation: Railroad Engineer

11. Industry or business:

FATHER
12. Name: Thomas Anderson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Hannah Maher
15. Birthplace: Ohio

16 (a) Informant: Mrs Grace C. Anderson (wife)
(b) Address: Linthicum Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)
(c) Cemetery or crematory: Friendship Cemetery
Location: near Linthicum-A.G.Co.

18 (a) Funeral director: Stewart Funeral Co.
(b) Address: 108 W. Mt. Ave.

APR 5 - 1941 (Date rec'd by Registrar) (By) Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1941, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1941 to 4-4 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death	Duration
Bronchogenic Carcinoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William R. Stoughton M.D.
Address: Md. Gen. Hosp Date signed 4/4/41

VS 3

F 79288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

Registered No. F 79288

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeanny Wrightson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	

6 (b) Name of husband or wife John B. Wrightson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1859

8. AGE: Years	Months	Days	If less than one day
82	2	-	hr. min.

9. Birthplace St. Mary's County, Maryland (Town, county, and state)
10. Usual Occupation housekeeper
11. Industry or business

FATHER
12. Name James L. Biscoe
13. Birthplace St. Mary's County, Md.

MOTHER
14. Maiden Name Sally Ann Hammett
15. Birthplace St. Mary's County

16 (a) Informant Mr. Homer Wrightson
(b) Address Lithicomb Heights, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 41 (month) (day) (year)
(c) Cemetery or crematory Medow Ridge Cem.
Location Washington Blvd.

18 (a) Funeral director Roland L. Fenkler
(b) Address 612 N. Monroe St

APR 5 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 3.45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Intertrochanteric fracture of femur
Due to Lobular pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/20/41 1h-
(c) Where did injury occur? 600 N. Monroe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall on floor in home

23. Signature H. Williams Vanderbrift M.D. Medical Examiner.
Date signed 4/7/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

79289 F 79289

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 N. Central Ave. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hager

If U. S. Veteran specify WAR

(a) Residence: No. 1043 N. Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Caroline Hager

6. DATE OF BIRTH (month, day, year) Oct.-27-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74Yrs.	5 Mo.	6Days.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Casper Hager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Catherine Hager

(Address) 1043 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL April-7-

Place Holy Redeemer Cem. Date 1941, 19

19. UNDERTAKER Henry Hacke & Sons Sons

(Address) 1301 E. Eager St.

20. FILED APR 5 1941 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-3-1941

22. I HEREBY CERTIFY, That I attended deceased from April 1 1941, to April 3 1941

I last saw him alive on April 3 1941. Death is said to have occurred on the date stated above, at 9.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	one day before
Other contributory causes of importance:	

Was an operation performed? one Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? one

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? one If so, specify

(Signed) Benj. D. Hayden M. D.

(Address) 3114 Hartford Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

E 79290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-N

Registered No. E 29290

PRINCE WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Eunice Noyes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife John D. Noyes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, -7-1906

8. AGE: Years	Months	Days	If less than one day
34Yrs.	5Mo.	26Days	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Webster
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name McElwee
15. Birthplace Balto. Md.

16 (a) Informant John D. Noyes
(b) Address 1405 Aisquith St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.

18 (a) Funeral director Henry Hoeche & Son Inc
(b) Address 1301 E. Eager St.

19 [redacted] (Day) (Year) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18 1941 to Apr 3 1941, and that I last saw h E R alive on April 3 1941.

Immediate cause of death Post Operative Shock — Duration

Due to Ventral Hernioplasty

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Large Ventral Hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Hupfel M.D.
Address St. Joseph Hosp. Date signed 4/3/41

79291

BALTIMORE CITY HEALTH DEPARTMENT

DH 63172 **CERTIFICATE OF DEATH**

16 ✓ F 79291 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry Adams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1885

8. AGE: Years	Months	Days	If less than one day
55	10	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Boot Black
11. Industry or business

FATHER 12. Name Edward
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Laura Gough
MOTHER 15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. H. Nelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by registrar) (Registration No.) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 1941 at 9 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1941 to 4-3 1941 and that I last saw h[im] alive on 4/3 1941.

Immediate cause of death	Duration
Tuberculosis 5th + 6th thoracic vertebrae	8 mo.?
Due to Paraplegia	8 mo.?
Due to Pulmonary tb ?	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2-21-41
Major findings of operation: Gr Path's disease
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey R. Gehlert Jr. M.D.
Address Baltimore City Hosp. Date signed 4-7-41

S 3

79292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

F 79292 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or institution: 16 yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (15 yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Fremont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Briggs

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-4928

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3-1908

8. AGE: Years 32 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Cornelius Briggs

13. Birthplace Va

MOTHER 14. Maiden Name Ella Parham

15. Birthplace Va

16 (a) Informant Eva Rideout

(b) Address 1027 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. D. Kelson

(b) Address 1303 Pressman

19 (Date rec'd by registrar) Huntington Williams (Registrar)

APR 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-1941, at 7 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-1-1941
(c) Where did injury occur? Rear Alley, Brunswick St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Blunt force

23. Signature Howard J. Anderson M.D.
Medical Examiner.

Date signed 4-2-41

VS 6

over.

79293 OF 64486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 E

F 79293 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct where especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 E. Baltimore Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aurellio Depatola Or Di Padova

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widoved

6 (b) Name of husband or wife: late Amalia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1883 ? 1873

8. AGE Years	Months	Days	If less than one day
57 68?	6 5		hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4- 1941, at 8 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13- 1941, to 4-4- 1941, and that I last saw him alive on 4-4- 1941.

Immediate cause of death: Cardiac Failure
Bronchopn.
Due to Syphilitic M. Dis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
7
7

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Balto City Hosp. Date signed 4-4-41 M.D.

79294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. 79294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph R. A. Simpler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9280

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara E. Simpler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. ? 1884

8. AGE: Years	Months	Days	If less than one day
57	3	?	hr. min.

9. Birthplace Chestertown, Maryland
(Town, county, and state)

10. Usual Occupation Construction Foreman

11. Industry or business Stone & Porter

FATHER
12. Name Simpler
13. Birthplace Chestertown, Maryland

MOTHER
14. Maiden Name Amanda
15. Birthplace Chestertown, Maryland

16 (a) Informant Mrs. Elizabeth J. Finehan
(b) Address Woodlawn, Maryland

17 (a) Burial (b) Date thereof 4/7/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

APR 5 1941
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 3:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage following bronchoscopic biopsy	
Due to Carcinoma of lung, right upper lobe.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. VanDeWiele M.D.
Medical Examiner.
Date signed 4/3/41.

79295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. 79295

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 15-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Harrison Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Walter Weil

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth C. Weil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 9, 1889

8. AGE: Years: 51 | Months: 4 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Distributor

11. Industry or business:

FATHER
12. Name: Moses Weil
13. Birthplace: Manheim

MOTHER
14. Maiden Name: Sarah Hess
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Elizabeth C. Weil
(b) Address: 3418 Garrison Blvd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/7/41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Crematory
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) APR 5 1941 (Date rec'd by registrar) Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration:

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 4/3/41
(c) Where did injury occur? Lake Montebello (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No data
(e) Means of injury: Automobile operator - fell/plunged into lake

23. Signature: Wm. Wade Gift M.D.
Medical Examiner.
Date signed 4/4/41

VS 6

79296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 79296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom.
(e) Length of stay in Baltimore (yrs., mos., or days) 71yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 637 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredrick W. J. Voltz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Katie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71				

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Mfr

11. Industry or business

FATHER
12. Name William Voltz
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia
15. Birthplace Germany

16 (a) Informant Henry Voltz
(b) Address 3110 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location City

18 (a) Funeral director Morgarte G. Flynn
(b) Address 1422 Light St

(Date received) APR 5 1941 (Local registrar) (b) Fleming for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 10:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Fleming M.D. Medical Examiner

Date signed 4/5/41

79297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 B

Registered No. F 79297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George's
(c) City or town College Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 7305 Yale Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hopkins, George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Eva M. Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 63 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER 12. Name Renum Hopkins
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Craggs
15. Birthplace Maryland

16 (a) Informant Records of Univ Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Prince Georges County

18 (a) Funeral director H. N. Chambers & Co
(b) Address Hyattsville Md.

19 APR 5 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1941, to April 4 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death	Duration
Acute peripheral Vascular Failure	
Broncho-pneumonia	
Due to	
Due to	
Other Conditions Duodenal Ulcer, Arteriosclerotic Cardio-Vascular Disease	

(Include pregnancy within 3 months of death)

Date of operation March 29, 1941

Major findings of operation: Duodenal Ulcer -

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 4-5-41

VS 8

F 79298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79298

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 908 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 12 years

3 (a) FULL NAME Vito Munna

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4604

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Nicolina Munna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
46	16		hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Last on New Shoes
11. Industry or business Chesapeake Shoe Co.

FATHER
12. Name Marco Munna
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria
15. Birthplace Italy

16 (a) Informant Salvatore Messina
(b) Address 908 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)
(c) Cemetery or crematory Holly Redeemer
Location Belair Rd.

18 (a) Funeral director Paul Vigliato F. H. Inc.
(b) Address 1546 N. Gay St

19 (a) Entered by (Registrar) (b) Huntington Williams M.D. Registrar

APR 5 - 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 6:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams J. Gotsch M.D. Medical Examiner.
Date signed 4/5/41

F 79299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84-A F 79299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John (Kozan) Cozan Birth F 23369

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 41

8. AGE: Years | Months: 2 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: Adam Kozan
13. Birthplace: New York

MOTHER
14. Maiden Name: Lillian Putnam
15. Birthplace: New York

16 (a) Informant: Adam Kozan
(b) Address: 121 S. Highland Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4 7 41 (month) (day) (year)
(c) [redacted] or crematory: Loudon Pk.
Location: Baltimore

18 (a) Funeral director: Philip Herwig Sons
(b) Address: 2024 Orleans St

19 (a) Date received (month, day, year): APR 6 1941 (b) Interment, removal, or cremation: Interring for Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 6:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 9 1941, to April 5 1941, and that I last saw h[redacted] alive on April 5 1941.

Immediate cause of death: Multiloculated dysentery

Due to: Mongolian Idiocy

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph Edwin Schenkel, M.D.
Address: Mercy Hosp. Date signed 4/5/41

F 79300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c F 79300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 N. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Eckhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late John Eckhardt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1872

8. AGE Years 69 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name Fred Tschentlin
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Enderline
15. Birthplace Germany

16 (a) Informant John W. Eckhardt
(b) Address 1026 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson & Longwood

18 (a) Funeral director Harry H. Kuttka
(b) Address 401 E. Edmondson Ave.

APR 6 1941 (a) Date received by registrar (b) Registrar

VS 2

MEDICAL CERTIFICATION 3.45

20. DATE OF DEATH April 3, 1941, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 21/41 Apr. 3/41. 19 ; that I last saw her alive on Apr. 2/41 19 .

Immediate cause of death — Duration

Acute Cardiac Dilitation. 1 min.

Due to
Chronic Cardiac Hypertrophy

Due to
Unknown.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Woods Schmidt, M. D.
Address 933 Hanover Date signed Apr. 5/41.

F 79301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 79301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Craig
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-18-3670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy E Craig
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Dec 6 1898

8. AGE: Years	Months	Days	If less than one day
42	3	30	hr. min.

9. Birthplace Lancaster Co Va. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Co

FATHER
12. Name James D. Craig.
13. Birthplace Virginia

MOTHER
14. Maiden Name Josephine Edwards
15. Birthplace Lancaster Co Va.

16 (a) Informant Dorothy E Craig
(b) Address 1414 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 1941 (month) (day) (year)
(c) Cemetery or crematory Episcopal Cemetery
Location Kilmarnock Va

18 (a) Funeral director Harry R. Amacost
(b) Address 4202 Ridgewood Ave

19 (a) (Date rec'd by registrar) (b) (Registrar)

APR 8 1941

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1941, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1941, to 4/5 1941, and that I last saw h ~~live~~ live on 4/5 1941.

Immediate cause of death	Duration
Respiratory + Heart Failure	61 days
Due to Acute Pneumococcal Endocarditis	
Due to Pneumonia	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumococcal Endocarditis (Gram Positive)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Templeton
Address Sinai Hospital Date signed 4/5/41 M. D.

3 95-9 16 F 79302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 79302 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 N Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Sellers

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1731

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Inez

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-13

8. AGE: Years	Months	Days	If less than one day
27	5	27	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Sellers
13. Birthplace N.C.

MOTHER
14. Maiden Name Maggie
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Wadgesboro
Location N. Caroline

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) (b) Registrar, M.D.

APR 9 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 4 1941, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 24 1941, to APR 4 1941, and that I last saw HIM alive on APR 4 1941.

Immediate cause of death: Lobar pneumonia, R.U.L., R.L.L. and L.L.L. — Duration: 14 days

Due to: Pneumococcus, Type 25

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Aspen Jr.
Address Johns Hopkins Hospital Date signed April 5, '41

F 79303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 923

F 79303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bluma Kramer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Samuel Kramer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Sam Silver

13. Birthplace Russia

MOTHER 14. Maiden Name Annie —

15. Birthplace Russia

16 (a) Informant Mrs. Helen Kramerman

(b) Address 101 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-41 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location German Hill Rd.

18 (a) Funeral director Jos. Levin Inc

(b) Address 1429 E. Baltimore St

19 (a) (Date received by local registrar) APR 8 1941 (b) H. [illegible] Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-41 19 at 2 13/60 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4-41 19 to 4-4- 1941, and that I last saw her alive on 4-4- 1941

Immediate cause of death Pulmonary Oedema — Duration 12 hr.

Due to Aortic + Mitral Insufficiency Hypertension, Arteriosclerosis — Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Linden M. D.

Address 14 S. Broadway Date signed 4-5-41

F 79304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 F 79304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Fannie King

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Isaac King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Jacob Saltman
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hubert King
(b) Address 4021 Reis. Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Dale
Location Mid. Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

APR 6 — 1941 (Date rec'd by registrar) (b) Filed by Hillman H.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1941, to Apr. 6 1941, and that I last saw h.r alive on April 6 1941.

Immediate cause of death: Heart Failure
Due to: Bronchopneumonia — Duration 25 da.
Due to: Arteriosclerotic Heart Dis. — Duration 6 mo.
Due to: Hypertension — Duration 1 yr.
Other Conditions: Pleural effusion, hrBasic Hypertropic Arthritis — Duration over
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Wilken, M.D.
Address Sinai Hospital Date signed April 6, 41

VS 3

F 79305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 79305 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GRACE M TROTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1897

8. AGE: Years	Months	Days	If less than one day
43	11	10	65 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Wm H. Trott
13. Birthplace Md.

MOTHER
14. Maiden Name Naomia Conaway
15. Birthplace Md.

16 (a) Informant Mrs Norwood Trott
(b) Address Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1941 (month) (day) (year)
(c) Cemetery or crematory New Oakland Cem.
Location Oakland Mills Road

18 (a) Funeral director C. Harry Weis
(b) Address Sykesville Md.

19 (a) (Date rec'd by state registrar) (b) Hampstead Williamsville, Md.

APR 6 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1941, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1941, to 4-6 1941, and that I last saw her alive on 4-6 1941.

Immediate cause of death Heart Failure — Duration

Due to Cardio-Vascular-Renal Disease

Due to

Other Conditions High Blood Pressure

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman

Address Md. General Hosp. Date signed 4/6/41

79306

SS 63930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 79306 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 1-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 S. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George McCord

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7380

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24. 1885

8. AGE: Years	Months	Days	If less than one day
56	2	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Thomas

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Ida Funk

15. Birthplace Baltimore, Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director Lilly & Zyglarski

(b) Address 4031 Old Frederick Rd

APR 6 - 1941 (Date received by registrar) (b) Lexington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1941, at 8 18 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1941, to 4-5 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death: Bulbar Paralysis

Due to: Reduction of duodenum & Healed Pneumonia

Due to: Carcinoma of Lung

Other Conditions: Contributory

(Include pregnancy within 3 months of death)

Date of operation 3-12-41

Major findings of operation: None

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Ryder M. D.

Address Balto City Hosp Date signed 4-7-41

F 79307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 79307 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 So Chapel st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 S Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William D. Monroe

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-03-5391

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: BARBARA MONROE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 6 1886

8. AGE: Years 55 | Months 1 | Days 2728 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FOREMAN

11. Industry or business AT COPPER WORKS

FATHER
12. Name JOHN E. MONROE
13. Birthplace BALTO.

MOTHER
14. Maiden Name SUSIE BOSTON
15. Birthplace MD.

16 (a) Informant BABRA MONROE (WIFE)
(b) Address 323 S. CHAPEL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 7/41 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) APR 6 - 1941 (Date rec'd by registrar) (b) H. Washington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Diabetes Mellitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Washington Williams M.D. Medical Examiner.

Date signed 4/7/41

F 79308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79308 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 E. BALTIMORE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 E. BALTIMORE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN T. BEHR

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	212-05-8504	MALE	WHITE	MARRIED

6 (b) Name of husband or wife LUCILLE C. BEHR
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JUNE 19 1905

8. AGE: Years	Months	Days	If less than one day
35	9 10	14 13	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business BAUGH CHEMICAL CO.

FATHER
12. Name JOHN BEHR.
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name KUNIGUNDA LINDENBERGER
15. Birthplace GERMANY

16 (a) Informant LUCILLE BEHR (WIFE)
(b) Address 2610 E. BALTIMORE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 7/41 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) APR 8 1941 (Date received by registrar) (b) Hunter's to Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 2 1941, at 3/25 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1941 to 4/2 1941. and that I last saw ~~him~~ alive on 3/29 1941.

Immediate cause of death Coronary occlusion

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. W. Gaskel M. D.
Address 637 S. Conkling St. Date signed 4/3/41

F 79309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a F 79309 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) St. & No. 779 E. Carlton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth Lotz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Frank J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 / 17 / 1874

8. AGE: Years 66 67 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Lutzke

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name (?)

MOTHER 15. Birthplace (?)

16 (a) Informant Hosp. Record.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-1941 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Road.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) 4— 1941 (Date received by registrar) (b) Huntingtown, Calvert Co., Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 5 1941, at 9 14 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941, to 4-5 1941, and that I last saw her alive on 4-5 1941.

Immediate cause of death Bronchopneumonia — Duration

Due to Hypostatic insufficiency

Due to Dilation

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R J Coffman

Address Md. General Hosp. Date signed 4/3/41

F 79310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V107

F 79310

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 + H
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Eager St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Sparks ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1939

8. AGE: Years	Months	Days	If less than one day
1	4	2 3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Sparks
13. Birthplace Md.

MOTHER
14. Maiden Name Alma Sparks
15. Birthplace Md.

16 (a) Informant Alma Sparks
(b) Address 1733 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Carolina St

19 (a) APR 6 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1941, to April 5 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death Bronchio-Pneumonia — Duration 4/3/41

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin B. Le Compte
Address 1113 N Carolina St Date signed 4/6/41 M D

F 79311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 79311 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary F. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1891

8. AGE: Years	Months	Days	If less than one day
50	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Wallace
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah J. Wright
15. Birthplace Md.

16 (a) Informant Wallace Williams
(b) Address 705 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. C. County Md.

18 (a) Funeral director Mrs. F. O. Elliott's Daughter
(b) Address 1129 N. Carrollton Ave.

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

APR 6 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 10 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940, to April 2 1941, and that I last saw h e alive on April 1 1941.

Immediate cause of death	Duration
Mitral Regurgitation	
Due to	
Due to	
Other Conditions Chronic Pneumonia and Renal Insufficiency Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1424 E. Monument Date signed 4/5/41

3949F79312 BALTIMORE CITY HEALTH DEPARTMENT F 79312
CERTIFICATE OF DEATH 83-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correctage is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 McDonogh (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Smallwood
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-85

8. AGE: Years 55 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace NC (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER 12. Name Alec Babemore
13. Birthplace N.C

MOTHER 14. Maiden Name Laura
15. Birthplace NC

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 7, 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Louiston N. Carolina

18 (a) Funeral director Mrs. R.A. Elliott & Daughter
(b) Address 1129 N. Carolina St.

19 (a) APR 6 1941 (Date rec'd by registrar) (b) Huntington Williams Hosp

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 5 1941, at 4:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 23 1941, to APR 5 1941, and that I last saw h e alive on APR 5 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 wks
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilson G. Smith M. D.
Address Johns Hopkins Hosp signed 4/15/41

F 79313

F 79313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-3
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Lemmaid Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Elbatch ELBACK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widower

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4. 1896

8. AGE: Years	Months	Days	If less than one day
64 65	10	1	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Elback
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Delia Collins
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Wm. Gross
(b) Address 1518 Windemere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location a. a. co

18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.

19 (a) [illegible] (Local Registrar) (b) Huntington Millennium, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941, to 4-5 1941, and that I last saw him alive on 4-5 1941.

Immediate cause of death	Duration
Heart Block - Complete	
Due to Coronary Arteriosclerosis	
Due to	
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Old infarct Lesion
Of autopsy Coronary Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 4-5-41

79314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 79314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - H
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? / years

3 (a) **FULL NAME** Ormetia C. Blackmon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	16	hr. min.

9. Birthplace Lancaster S. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George
13. Birthplace Lancaster S.C.

MOTHER
14. Maiden Name Clara Monger
15. Birthplace S. C.

16 (a) Informant Willie Blackmon
(b) Address 903 N. Dallas St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 8 1941 (month) (day) (year)

(c) Cemetery or crematory
Location Hartsville S. Carolina

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Carolina St.

19 (a) (Date received by registrar) (b) Huntington Williamsburg Md

APR 6 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 6 - M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to April 5 1941, and that I last saw h[illegible] alive on April 4 1941.

Immediate cause of death Lobar Pneumonia (a) — Duration 5 Days

Due to Cardiac Insufficiency (b) 7

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. K. Adams M. D.
Address 1222 N. Carolina St. Date signed April 6th

F 79315

F 79315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2448 Brentwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2448 Brentwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rosa Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 23, 1889

8. AGE: Years	Months	Days	If less than one day
51	4	11	hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Pensioned Laborer for 10 yrs.

11. Industry or business of Bethlehem Steel Company

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rosa Turner
(b) Address 2448 Brentwood Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 6, 1941 (month) (day) (year)

(c) Cemetery or crematory
Location Oakland Virginia

18 (a) Funeral director Mrs. R. G. Edwards Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) APR 6 vs 1941 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1941, to April 4 1941, and that I last saw h— alive on April 3 1941.

Immediate cause of death
Clinic duodenal Ulcer
Due to —
Due to Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irene A. Johnson M. D.
Address 23 W Franklin St Date signed Apr 4-41

F 79316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 79316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS
(c) Hospital or institution: ST JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 N. GAY STREET
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA W FLEMING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 1870

8. AGE: Years	Months	Days	If less than one day
70	7	76	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Christian Black
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Brill
15. Birthplace Germany

16 (a) Informant Christian Fleming
(b) Address 1029 N. Gay st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 8 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. Northern ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) (Signature of Registrar) Huntington Williams M.D. Registrar
(b) APR 6 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1941, at 1P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941, to 4-4 1941, and that I last saw h alive on 4-4 1941.

Immediate cause of death — Duration

LOBAR PNEUMONIA — 5 DAYS

Due to

Due to

Other Conditions ARTERIOSCLEROSIS

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baier M. D.
Address St Joseph Hosp Date signed 4-4-41

F 79317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

F 79317 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Lexington St
(c) Hospital or institution:
Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Carswell St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME JOSEPH F. FISHER

3 (b) If veteran, name war No
3 (c) Social Security Account No. 219-05-0439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Catherine V. Ferguson
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 7/18/1880

8. AGE: Years	Months	Days	If less than one day
60	8	18	17 hr. ——— min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name John W. Fisher
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Colburn
15. Birthplace Balto. Md

16 (a) Informant Mrs. Catherine J. Fisher
(b) Address 1251 Carswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1326 Hanover

19 (a) ——— (b) ———
(Date rec'd by Registrar) (Registrar)
APR 6 1941 Health Dept. Baltimore Md.
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941, to April 5 1941, and that I last saw him alive on April 4 1941

Immediate cause of death Respiratory failure — Duration 3 hours

Due to Gastric Carcinoma — ?

Due to ———

Other Conditions ———

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard Applefeld M. D.
Address 711 Reisterstown Rd Date signed

F 79318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 79318

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital 23-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1232 n Sharp St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Reeves

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1929

8. AGE: Years	Months	Days	If less than one day
12			hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation — School boy

11. Industry or business

FATHER 12. Name Mack Reeves

13. Birthplace North Carolina

MOTHER 14. Maiden Name Lena Emson

15. Birthplace North Carolina

16 (a) Informant Lena Reeves

(b) Address 1232 S Sharp Street

17 (a) Removal (b) Date thereof 4 - 6 - 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sanford

Location North Carolina

18 (a) Funeral director Josiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) Date received by registrar APR 8 1941 (b) Huntington Williams Reg. M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 4 1941, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-4 1941, and that I last saw him alive on 4 - 4 1941.

Immediate cause of death	Duration
Rheumatic Heart Disease	5 mos.
Due to	
Due to	
Other Conditions Mitral insufficiency Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Timmerman M. D.

Address Provident Hospital Date signed 4-4-41

39426 F 79319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 117-B

F 79319 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Trenton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Lee Moss

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 8-20-87

8. AGE: Years 54 | Months 7 | Days 15/16 | If less than one day ... hr. ... min.

9. Birthplace Miss. (Town, county, and state)

10. Usual Occupation Federal Government

11. Industry or business F. S. A.

FATHER
12. Name Benjamin Moss
13. Birthplace S-Car-

MOTHER
14. Maiden Name Mary Hosey
15. Birthplace Miss

16 (a) Informant Cora May Moss
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/41 (month) (day) (year)
(c) Cemetery or crematory Jennisville Cem.
Location Jennisville Florida

18 (a) Funeral director John Mitchell & Sons
(b) Address 1840 Eutaw Place

APR 6-1941 (Date rec'd by registrar)

(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1941 to April 5 1941 and that I last saw him alive on April 5 1941

Immediate cause of death: Pneumonia — Duration: 9 days

Due to: Pneumococcus

Due to: 2 operations for duodenal ulcer

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/16/41 4/2/41

Major findings of operation: Duodenal ulcer

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas MD

Address The Johns Hopkins Hospital Date signed M 4 D 5/41

F 79320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A F 79320 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. more, (If outside city or town limits, write RURAL and give town)
Street No. 512 E. 27th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura M. Arrington

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Joshua Arrington 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 6, 1868

8. AGE: Years	Months	Days	If less than one day
73 yrs	2	29	hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business ✓

FATHER 12. Name James Mellor
13. Birthplace Miss ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant James T. Arrington
(b) Address 604 Homestead Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7-1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director John Quitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Apr 8 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on April 5, 1941.

Immediate cause of death Cardiac Failure — Duration

Due to Cardiovascular-renal disease

Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md General Hosp. Date signed 4/5/41

171533 F 79321

79321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N Stricker (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy E Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-23-92

8. AGE: Years	Months	Days	If less than one day
49	1	11	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fredrick Moore
13. Birthplace Va

MOTHER
14. Maiden Name Marya ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Ma. Wausau - Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 APR 6 1941 (Date rec'd by registrar) (b) Signature of Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 4 1941, at 6 30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1941, to Apr 4 1941, and that I last saw her alive on Apr 4 1941.

Immediate cause of death Peritonitis
1 Septicemia

Due to Perforation of a diverticulum of

Due to the sigmoid

Other Conditions Myoma of uterus

(Include pregnancy within 3 months of death)

Date of operation 4-4-41

Major findings of operation: Feces free throughout peritoneal cavity & Perforation of sigmoid

of autopsy: Partial

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Tierney
Address Johns Hopkins Date signed 4-4-41

3956 14 79322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

X ✓ F 79322

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Ashland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Country Club Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James W. Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-32

8. AGE: Years	Months	Days	If less than one day hr.	min.
8	5	20	19	

9. Birthplace Ashland Ky (town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Wm. Bowen
13. Birthplace Ky.

MOTHER
14. Maiden Name Nora Kelly
15. Birthplace W. Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 5-41 (month) (day) (year)
(c) Cemetery or crematory Ashland Cemetery
Location Ashland, Ky.

18 (a) Funeral director John. D Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) APR 6 1941 (Date received by registrar) (b) APR 6 - 1941 Registrar

Huntington Pittsburgh

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 1 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1941, to April 5 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death: Cerebellar tumor - glioma not malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-3-41

Major findings of operation: Cerebellar tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Froland

Address Johns Hopkins Hosp. Date signed 4-5-41 M. D.

F 79323 Deshazo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 79323 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 h Kerham st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 h Kerham st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Monzar Deshazo

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3659

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife Henrietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57				

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Deshaza
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace N. C.

16 (a) Informant Mrs. Lois P. Nixon
(b) Address 907 N 29th St. Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 8 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Elm.
Location A. A. County Md.

18 (a) Funeral director Joseph L. Locke
(b) Address 1807 N. Eutaw St.

19 (a) (b) Huntingtown Williams, MD
(Date rec'd by registrar) Registrar

APR 8 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1941 at 2:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandecruft M.D.
Medical Examiner

Date signed 4-7-41

F 79324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-uF 79324 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Barclay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret F. Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Widowed

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1876

8. AGE: Years	Months	Days	If less than one day
64	6	25	hr. min.

9. Birthplace Balto - Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James D. Jennings
13. Birthplace Md

MOTHER
14. Maiden Name ? Moore
15. Birthplace Md

16 (a) Informant William F. Kutch
(b) Address 471 Falls Rd.

17 (a) Burial (b) Date thereof 4 7 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto, Md

18 (a) Funeral director Leigh C. Cook, Jr
(b) Address 1360 N. Central Ave

19 (a) 1554 (b) Hereby approved for Williams, M.D.
(Date received by registrar) Registrar

APR 6
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3. 1941, at 2.P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1941 to Apr 3 1941, and that I last saw her alive on Apr. 3 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Garland Schmidt
Address 1534 Druid Hill Ave Date signed Apr 5, 41 M. D.

F 79325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92D

F 79325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard St and Linden Ave.
(c) Hospital or institution: Maryland General Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town New Battle Grove Sparrows Pt. South Bend Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. RF Dist 10 Box 700
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MALCOLM GEORGE HUSTON

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-09-1590

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Married

6 (b) Name of ~~husband or~~ wife Mary Catherine Huston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About Oct 31st 1883

8. AGE: Years	Months	Days	If less than one day
about 57	5	4	hr. min.

9. Birthplace Harrisburg Pa. (Town, county, and state)
10. Usual Occupation Pumpsman
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name George M. Huston
13. Birthplace Pa.

MOTHER
14. Maiden Name Rebecca Clinton
15. Birthplace Pa.

16 (a) Informant Mrs Mary C. Huston wife
(b) Address South Bend Ave - New Battle Grove Md

17 (a) Removal (~~Burial, cremation,~~ or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prospect Hill
Location Harrisburg Pa.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 APR 6 1941 Registrar Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 3:58 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941, to 4-5 1941, and that I last saw h im alive on 4-5 1941.

Immediate cause of death Cerebral Apoplexy (Hemorrhage)

Duration

Due to Increased blood pressure

Due to Arteriosclerotic Cardio-Vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Coffman M. D.
Address Md. Gen. Hosp. Date signed 4-5-41

VS 3

F 79326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 79326 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1235 N. Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 N. Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond De Bus

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. 217-18-3168

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married (Separated)
6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 26-1894
8. AGE: Years 46 | Months 9 | Days 9 | If less than one day: hr. min.
9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Unemployed

FATHER
12. Name John H. De Bus
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Bennanzan
15. Birthplace Md

16 (a) Informant Margarite Holzschuh
(b) Address 1235 N. Curley
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Balto. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St
19 (a) Apr 8 1941 (Date received by registrar) (b) Wallace Williams M.D. (Signature of registrar)

APR 8

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5/41 19 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18, 1940 to April 5, 1941, and that I last saw him alive on April 5 1941.

Immediate cause of death: Coronary Occlusion — Duration: —
Due to: Coronary Sclerosis — Duration: 2.
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Abram Goldman M. D.
Address 2313 W. North Ave Date signed 4/5/41

F 79327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 79327 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Presstman St
(c) Hospital or institution:

16-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Presstman st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Elbert Denny

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-09-3539
No	

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, ~~or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ina Denny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1907

8. AGE: Years	Months	Days	If less than one day
33	8	15	hr. min.

9. Birthplace Royal Oak Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Employment Agency

FATHER
12. Name William Elbert Denny
13. Birthplace Royal Oak Md.

MOTHER
14. Maiden Name Maria Elizabeth Hylbert
15. Birthplace Alto Md.

16 (a) Informant Mrs. Ina Denny
(b) Address 2803 Presstman St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oliver
Location St. Michaels Md.

18 (a) Funeral director William Cook
(b) Address 217 S. Howard St

19 (a) APR 6 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1941. at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1940. to April 3 1941. and that I last saw h~~im~~ alive on Apr. 3 1941.

Immediate cause of death Chr. Int. Nephritis — Duration 12 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman C. Todd M. D.
Address 735 N. Fulton Ave Date signed 4/4/41

VS 3

F 79328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. F 79328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. THE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Point of Rocks Md. (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles
13. Birthplace ?

MOTHER
14. Maiden Name Mary Ingram
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Point of Rocks

18 (a) Funeral director Reid Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) APR 6 1941 (Date received by registrar) Hattie Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941 to April 4 1941, and that I last saw her alive on April 3 1941.

Immediate cause of death: Chronic Myocarditis — Duration: 1 yr.
Due to:
Due to:
Other Conditions: Chronic Nephritis — Duration: 3 yrs.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Apr 6 41

F 79329

X ✓ F 79329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 CALVERT ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. ROGERS FORGE, YORK RD.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME MRS. HARRY ALBERT (MARY) MEISNER

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	8 (a) Single, married, widowed, or divorced.
FEMALE	WHT.	WIDOWED

6 (b) Name of husband or wife HARRY ALBERT MEISNER
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) AUG. 3, 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	8	1		

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business ——

FATHER
12. Name CHARLES F. WERNIG.
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ANGELA WERTZ
15. Birthplace GERMANY

16 (a) Informant Hospital Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John A. McCann
(b) Address 3100 E. Balto. St.

19 (a) APR 8 — 1941 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 4 1941, at 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 31 1941 to 4-4 1941, and that I last saw her alive on 4-4 1941.

Immediate cause of death PERIPHERAL VASCULAR COLLAPSE — Duration: 3 YRS

Due to GENERALIZED CARCINOMATOSIS

Due to ——

Other Conditions PATH. FRACTURES RT. HUMERUS & BOTH FEMORA.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard M. Armbrust M. D.
Address UNION MEMORIAL HOSPITAL Date signed 4-4-41

V8 3

F 79330

Tregoe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 W Registered No. F 79330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fourmont. Rutland Av
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 W. Eldorry Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Howard. Brooks Tregoe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20-1933

8. AGE: Years 8 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimre (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Norman Tregoe
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet Sterling
15. Birthplace Md.

16 (a) Informant Norman Tregoe
(b) Address 2931 W. Eldorry Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John. G. Mahan
(b) Address 3000 E. Balto. St.

APR 6 1941 (Date rec'd by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 A.M. 4-4 1941, to 11 A.M. 4-4 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death: Medullary failure — Duration: 3 hours

Due to: Staphylococcal meningitis — Duration: 9 months

Due to:

Other Conditions: hydrocephalus(?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Willen
Address Sinai Hospital Date signed 4-M. 4-D. 41

F 79331

F 79331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178-X

Registered No. F 79331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES W. MOSELEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie F. Moseley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Life Ins. Salesman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Parsons
(b) Address Dunbar, W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Richmond
Location Richmond, Va.

18 (a) Funeral director C. Lee Cole
(b) Address 4644 York Road

19 APR 6 - 1941 (Date rec'd by registrar) (b) Undertaker's license no. Humphrey & Williams, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 12:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Suffocation	
Due to smoke from burning mattress	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 6, 1941
(c) Where did injury occur? 19 N. Carey St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Mattress on fire from cigarette

23. Signature H. L. Wollenweber M.D. (Medical Examiner)
Date signed 4-6-41

F 79332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

F 79332 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen M Hawk

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widowed

6 (b) Name of husband ~~or wife~~ John W. Hawk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1855

8. AGE: Years	Months	Days	If less than one day
85 86	6	-	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Henry Fowble
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary Cushing
15. Birthplace Carroll Co. Md.

16 (a) Informant Wm Fowble Jr.
(b) Address New Windsor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8-1941 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cem.
Location near Uniontown

18 (a) Funeral director H. H. Hartzler & Sons
(b) Address New Windsor, Md.

19 (a) APR 6 - 1941 Transmitted for Williams Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 8 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1941 to 4-6 1941, and that I last saw her alive on 4-6 1941

Immediate cause of death	Duration
Obstructive Jaundice	
Due to Carcinoma Head of Pancreas-Probable	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Bruce M. D.
Address Westminster Hospt Date signed 4-6-41

F 79333

Leach

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-D

F 79333

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2036 E. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2036 E. Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William James Leach

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ingrid E. Lead (Dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1862

8. AGE: Years 79 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Street Cleaner

FATHER
12. Name George Leach
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Martha Shields
15. Birthplace Balto Md.

16 (a) Informant Mrs Wentz
(b) Address 2036 Hoffman St

17 (a) Burial (b) Date thereof 4/7/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) [illegible] (b) [illegible]
(Date received by registrar) Registrar

APR [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1941, to Apr 3 1941, and that I last saw h[illegible] alive on Apr 3 1941.

Immediate cause of death: Hypostatic pneumonia — Duration: 2 days
Due to: Failing heart muscle. (Myocarditis).
Due to:
Other Conditions: Senility. Atheroma. Myocarditis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. MacMurchy M. D.

Address 70 E Chase St Date signed 4/7/41

F 79334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79334
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3430 Leverton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3430 Leverton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 8

3 (a) FULL NAME Maggie Tontrup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Tontrup

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1879

8. AGE: Years	Months	Days	If less than one day
61	3	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Louis Ewalt
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Halleman
15. Birthplace Baltimore Md.

16 (a) Informant Frederick Tontrup
(b) Address 3430 Leverton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

APR 7 1941 (Date rec'd by Registrar) (b) Reg. by Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1941 19 . at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937, to April 3 1941, and that I last saw h[illegible] alive on April 3 1941.

Immediate cause of death Cerebral hemorrhage — Duration 6 days.
Due to arteriosclerosis
Due to
Other Conditions Hypertension heart disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J J Gould M. D.
Address 14 N Eastern Ave Date signed 4-5-41

F 79335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-P

Registered No. F 79335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Odonnell St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Kirsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29. 1879

8. AGE: Years	Months	Days	If less than one day
61	3	5 6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation house Wife
11. Industry or business

FATHER
12. Name George Schorr
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Yeager
15. Birthplace Baltimore Md

16 (a) Informant Dorothy Liedtke
(b) Address 3015 Odonnell St.

17 (a) Burial (b) Date thereof 4/8/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence P. Hoffmann
(b) Address 1639 N. Broadway

19 (a) APR 7 - 1941 (Signature) Thos. Leigh Williamson, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to April 1941, and that I last saw her alive on April 4 1941.

Immediate cause of death Myocardial Insufficiency — Duration 1 day

Due to Aneurysm of Aorta — 2 yrs.

Due to Syphilitic Aortitis — 10 yrs.

Other Conditions Arteriosclerosis and Hypertension — 10 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence W. DeBoy M.D.
Address 651 S. Edward Ave. Date signed 4/6/41

F 79336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

cc 64133

93-D

Registered No. F 79336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-0728

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Christina Lynch
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1903

8. AGE: Years	Months	Days	If less than one day
37	5	8	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew Lynch
13. Birthplace Germany

MOTHER
14. Maiden Name Olga ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Edward F. Hoffmann
(b) Address 1639 N. Broadway.

APR 7 - 1941 (Date rec'd by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1941 to 4-5- 1941, and that I last saw h alive on 4-5- 1941.

Immediate cause of death	Duration
Bronchopn.	2 wks
Hypostatic. CVD & Cancer	?
Due to exhaustion	?
Due to Emphysema & probs. ? Bilateral	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Emphysema, Cardiac hyp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto City Hosp. Date signed 4-6-41 M. D.

F 79337

MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-W

F 79337

Registered No. 64797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 E. Oliver Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter Buettner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-8168

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margratha

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec - 23 - 1882

8. AGE: Years	Months	Days	If less than one day
58	3	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Night Porter

11. Industry or business Hearst Tower Bldg.

FATHER
12. Name Michael Buettner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Misner
15. Birthplace Germany

16 (a) Informant Hospitals Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 8 - 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave & Milleville Rd

18 (a) Funeral director John E. Oliver & Son
(b) Address 2435 E. Oliver St

19 (a) (b)

APR 7 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-5 1941, and that I last saw h[illegible] alive on 4-4 1941.

Immediate cause of death [illegible]
Anemia
Due to Gastric ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy As above

Duration
[illegible]
?
-

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-7-41

F 79338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 79338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 S Bartley st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) (yrs.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 S Bartley
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Michael J. Miller or Kowalek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871 — —

8. AGE: Years	Months	Days	If less than one day
70 69			hr. min.

9. Birthplace Penn (Town, county, and state)
10. Usual Occupation Retired (Baker)
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs Anna Mrs Kowalek
(b) Address 1102 S. Bartley st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Stephen J. Falkenstein
(b) Address 1602 S Kenwood Ave

APR 7 — 1941 (Date rec'd by registrar) Huntington Hill (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941 at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940 to April 4 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death: Myocardial failure
Cardiac Decompensation — Duration: ?
Due to arteriosclerosis. — 4 months
coronary sclerosis
Due to
Other Conditions Appendectomy prostate — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Glass M. D.
Address 4611 Eastern Ave Date signed 4-6-41

F 79339 MA F 79339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No. 64979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Druid Hill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Fannie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1894

8. AGE: Years	Months	Days	If less than one day
46	4	7	hr. min.

9. Birthplace N. Car (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name James Willis Smith
13. Birthplace N. Car

MOTHER
14. Maiden Name Hannah Hillard
15. Birthplace N. Car

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory
Location Rocky Mount N.C.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 APR 7 - 1941 Rec'd by Registrar Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1941 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4- 1941, to 4-5- 1941 and that I last saw h[im] alive on 4-5- 1941.

Immediate cause of death	Duration
Cardiac Failure	P
Due to Hypertension CVD	P
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-6-41

F 79340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 661 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 661 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17th

3 (a) FULL NAME CHARLES A. SOUTHWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
63				

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof April 7, 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Howard Street

19 (a) APR 7 1941
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 41, at 7 45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis (arteriosclerotic kidney)	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-2-41

VS 6

F 79341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

F 79341

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or institution:

Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 719 N. Chester Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

713

3 (a) FULL NAME William Baughman

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-8721

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Helen Baughman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1869

8. AGE: Years	Months	Days	If less than one day
72	2	4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Jacob Baughman

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary Kehurst

15. Birthplace England

16 (a) Informant Wife - Mrs. Helen Baughman

(b) Address 719 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 '41 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2 [illegible] Williams, Md

19 (a) APR 7 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 1 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1941, to April 4 1941 and that I last saw h[illegible] alive on April 4 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions. Hypertensive Cor Disease	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Subarachnoid Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Church Home & Infirmary Date signed 4/4/41 M. D.

VS 3

F 79342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79348

Registered No. 83-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 Cliftwood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryalnd (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 Cliftwood Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELSIE TYERYAR

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Tyeryar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1894

8. AGE: Years	Months	Days	If less than one day
47	0	4 5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Robert C. Schmidt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Rumpf
15. Birthplace Baltimore, Md.

16 (a) Informant Charles Tyeryar
(b) Address 2045 Cliftwood Ave.,

17 (a) Burial (b) Date thereof Apr, 8, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery.
Location Baltimore, Md.

18 (a) Funeral director John Ulluch.
(b) Address 2009 Gilleans St.

19 (a) APR 7 1941 (b) Washington Millcaus, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5 1941, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4- 1941. to Apr. 5- 1941. and that I last saw her alive on Apr. 5- 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 24 hrs

Due to: Hyper-tension — Duration 2 yrs.

Due to: Hyp Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. D. Hayden M. D.
Address 3114 Hartford Road Date signed 4/5/41

VS 3

F 79343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

F 79343 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 W North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Clay Hawk. Birth F 23667

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1941

8. AGE: Years | Months: 2 | Days: — | If less than one day: hr. min.

9. Birthplace Balto City Hosp., Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Maynard Hawk
13. Birthplace Brunswick, Md.

MOTHER 14. Maiden Name Mary Sermon
15. Birthplace Della, Maryland

16 (a) Informant Mrs. Maynard Hawk
(b) Address 1214 W North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Della Cem.
Location Della, Md.

18 (a) Funeral director Easton & Sons
(b) Address Ellicott City, Md.

19 (a) Date rec'd by Registrar APR 7 1941 (Registrar) Huntingtown, Calvert Co., Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 7 1941, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1941, to Apr 7 1941, and that I last saw h alive on Apr 5 1941.

	Duration
Immediate cause of death: Hyperpyrexia (Heat stroke)	
Due to: Status Migrainosus	24 hrs
Due to: (Imp. 10L)	
Other Conditions: Normal child	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Smith M.D.
Address 1605 N. North Ave. Date signed Apr 7, 41

79344

SS 40534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 79344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVE BEFORE FOLDING FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 S. Lombard St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sumwalt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7th 1941 (month) (day) (year)
(c) Cemetery or crematory Balto Mem
Location E North Ave Ext
18 (a) Funeral director Lee G. Brooks
(b) Address 1701-03 N. Patt Park Ave

APR 7 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1939, to 4-4 1941, and that I last saw h[illegible] alive on 4-4 1941.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to Generalized arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Gross

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Gaither M. D.
Address Balto. City Hosp. Date signed 4-5-41

F 79345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79345 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. A correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Asquith St. (If rural, give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS MACE

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Hannah Reilly

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1872

8. AGE: Years 68 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Meat butcher (worker)

11. Industry or business Retired

FATHER 12. Name Thomas Mace
13. Birthplace Md

MOTHER 14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Mace
(b) Address 1214 N Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8th 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Extd.

18 (a) Funeral director Leo S. Crook
(b) Address 1701-03 N Patt Park Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

APR 7 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 1 month

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 4-6-41

F 79346

F 79346

79346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lafayette Fields

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0666

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Maggie Fields

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1878

8. AGE: Years 62 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Lafayette Fields

13. Birthplace Md

MOTHER 14. Maiden Name Lucy Rosa

15. Birthplace Md.

16 (a) Informant Mrs Maggie Fields

(b) Address 917 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md

18 (a) Funeral director Frances A. Henley

(b) Address 578 W. Baddle St.

19 (a) (Date received by registrar) (b) Registrar

APR 7 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3 1941, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1941 to 4/3 1941 and that I last saw h alive on 4/3 1941.

Immediate cause of death Terminal Bronchio-pneumonia Carcinoma rectum

Due to Renal disease

Due to Partial Intestinal obstruction

Duration
3 Days
1 year 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M.D.

Address 608 Madison Ave Date signed 4/4/41

AIVb 2

79347

F 79347

BALTIMORE CITY HEALTH DEPARTMENT 46-E Registered No.

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 873 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 or 6 years

3 (a) FULL NAME Michael Kairis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-0857

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Kate Ursula Kairis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 27. 1873

8. AGE Years	Months	Days	If less than one day
67	9	9	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Mrs John J. Kairis
(b) Address 2609 Rosalawn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Hasby Protestant Cem.
Location Belair Rd.

18 (a) Funeral director John J. Keenan & Son
(b) Address 901 Hollins St.

19 Filed (Date rec'd by registrar) Thomas J. Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941, to April 5 1941, and that I last saw h/(he) alive on April 5 1941.

Immediate cause of death	Duration
Bilateral Bronchopneumonia	8 days
Due to Post-operative	
Due to Carcinoma of the Sigmoid	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Krol M. D.
Address 11 E. Chase St. Date signed 4/5/41

F 79348
395259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79348
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Alice ANNA (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Czerwinski

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Unknown.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Pol. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 7-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director John Crutchfield Funeral Home
(b) Address 900 Eutaw Place

19 (a) APR 7 1941 (Date received by Local Registrar) (b)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 5 1941, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 25 1941 to APR 5 1941, and that I last saw h[illegible] alive on APR 5 1941.

Immediate cause of death Broncho-pneumonia. — Duration 6 days

Due to Staphylococcus Aureus

Due to

Other Conditions (?) Bronchiectasis (?). Arteriosclerosis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Broncho pneumonia Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Klein, M. D.
Address Johns Hopkins Hosp. Date signed 4/8/41

F 79349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 D F 79349 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eden St
(c) Hospital or institution: Crannan Hosp. tal
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Tex (b) County Garrett
(c) City or town Freedomville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Teeinnie Testan Tee Cullaugh
MINNIE LISTON MC CULLOUGH

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Ford Tee Cullaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1884

8. AGE: Years 57 | Months -1 | Days 2928 | If less than one day hr. min.

9. Birthplace Garrett County Md
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Edward Liston
13. Birthplace Md.

MOTHER 14. Maiden Name Jennie Miller
15. Birthplace Md

16 (a) Informant Amy E. Pryor
(b) Address 3616 W. Garrison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8. 41 (month) (day) (year)
(c) Cemetery or crematory Addison
Location Addison, Pa

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

APR 7 – 1941 (Date rec'd by registrar)

(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941, to April 6 1941, and that I last saw her alive on April 6, 1941.

Immediate cause of death
(a) Teeinnie Crannan
Teeinnie on
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: one

Major findings:
Of operations unfavorable
Crannan Teeinnie on
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Allen Deckert
Address 1127 St Paul St Date signed 4/6/41 M. D.

F 79350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 29350

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 135 W Hall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Rhew THEW

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-09-2384

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar - 5, 1904

8. AGE: Years 37 | Months | Days 26 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Willie Rhew

13. Birthplace Va

MOTHER 14. Maiden Name Unknown

15. Birthplace " "

16 (a) Informant Margaret Waters

(b) Address 130 Winters St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct

Location Balto City

18 (a) Funeral director David L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) APR 7 1941 (Date received by Registrar) (b) [illegible] for [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 8 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held a Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " , find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Lobar pneumonia, right middle lobe

Due to Pneumococcus pericarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.

Date signed 4/1/41

79351

HEALTH DEPARTMENT—CITY OF BALTIMORE

79351

CERTIFICATE OF DEATH

50

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Fenwick Ave. 9-b Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bessie May Hirsch

If U. S. Veteran specify WAR _____

(a) Residence: No. 2722 Fenwick St. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Kirsch

6. DATE OF BIRTH (month, day, year) Sept 8 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	6	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Dec 1940

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Harry Hunter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Susie Russell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Chas. A. Kirsch Husband

(Address) 2722 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date Apr 7, 41

19. UNDERTAKER J. J. Kenyon & Son

(Address) 32 S. Broadway

FILED APR 7 - 1941 19____ _____ Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1941 to April 4, 1941

I last saw her alive on April 4, 1941. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous Breast	24 mo
Cancerous liver	5 mo
Other contributory causes of importance:	

Was an operation performed? yes. Date of Nov. 1939

For what disease or injury?

Name of operation Removal Breast (amputation)

What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

F 79352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2250 E. Eden st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Salowitch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Hyman Jacobson
13. Birthplace Russia

MOTHER
14. Maiden Name Amelia Levinson
15. Birthplace Russia

16 (a) Informant Mrs Jacobson
(b) Address Belmar apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/41 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

APR 7 1941 (Date rec'd by registrar) (b) Harry Stonebraker (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1941, at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1941 to 4/6 1941, and that I last saw h-- alive on 4/6 1941.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic Heart disease

Due to Coronary sclerosis

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Bruller M. D.
Address Sinai Hospital Date signed 4/6/41

VS 3

Charles H. Cook

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79353 Registered No. F 79353

F 79353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE
(c) Hospital or institution: ST. JOSEPHS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town GLEN ARM (RURAL) (If outside city or town limits, write RURAL and give town)
(d) Street No. MADLEDT AVE, GLEN ARM, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME COOK, MR. CHARLES H.

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Anna J. Cook

6 (c) If alive, give age 66 Years

7. Birth date of deceased (mo., day, yr.) July 24 ?

8. AGE: Years 78? **Months** 8? **Days** ?? **If less than one day** hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Alexander Cook
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emily Carroll
15. Birthplace Md.

16 (a) Informant Anna Cook
(b) Address Madledt ave Cayney

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4 9 41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto City Md

18 (a) Funeral director Leasahr Funeral Home
(b) Address 7401 Belair Rd

19 (a) APR 7 1941 **(b)** [illegible] (Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 19 41, at 1.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 19 41, to 4/6 19 41, and that I last saw h[illegible] alive on 4/6 19 41.

Immediate cause of death Bronchopneumonia — **Duration** 2 days

Due to Arteriosclerosis & Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address St. Josephs Hospital Date signed 4/6/41

Dr Fearn

395484 79354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-F 79354 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1008 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thurman Turner Birth F 24236

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-41

8. AGE: Years | Months: 1 | Days: 16 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lee Turner
13. Birthplace N.C.

MOTHER
14. Maiden Name Iona Bell
15. Birthplace N C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cemetery Roads Pl Md.

18 (a) Funeral director Charles H. Burkett
(b) Address 5-2 S Fremont St

19 (a) [redacted] (Date rec'd by registrar) Washington Williams M.D.

APR 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to April 5 1941 and that I last saw him alive on April 5 1941.

Immediate cause of death: Congenital Hydrocephalus — Duration: Life

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/3/41

Major findings of operation: Congenital hydrocephalus

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson Lyon Smith M. D.
Address Johns Hopkins Hosp. Date signed 4/5/41

F 79355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 79355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Baker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-7

3 (a) FULL NAME Lester M. Whitmore

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5672

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edyth M. Whitmore
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) August 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	25	hr. min.

9. Birthplace Elkridge, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Standard Oil Co.

FATHER
12. Name Samuel R. Whitmore
13. Birthplace Loudoun County, Va.

MOTHER
14. Maiden Name Emma E. Hastings
15. Birthplace Washington, D. C.

16 (a) Informant Mrs. Edyth M. Whitmore
(b) Address 3114 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

APR 7 1941 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1940 to Apr 4 1941, and that I last saw him alive on Apr 4 1941.

Immediate cause of death Chronic valvular heart disease — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest N. Cabin M. D.
Address 1735 Poplar Grove St. Date signed

VS 3

79356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 / 61

F 79356
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Warwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth P. Holtz

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Walter Holtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1875

8. AGE: Years	Months	Days	If less than one day
66	0	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Rosenwinkle
13. Birthplace Alsace-Lorraine, Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Walter C. Holtz
(b) Address 1811 Warwick Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 7 1941 (b) Thos. Hyslop Hillis M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1941, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31- 1941, to 4-5- 1941, and that I last saw h[illegible] alive on 4-5- 1941.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Degen C V Dis	
Due to Hypertension	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thos Hyslop M. D.
Address St Agnes Date signed 4/7/41

395612 F 79357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-C

Registered No. F 79357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 N Hilton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth LA Barrer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife Ernest
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 21, 1887

8. AGE: Years	Months	Days	If less than one day
53	5	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Hsw.
11. Industry or business

FATHER
12. Name Joseph Dunkerley
13. Birthplace England

MOTHER
14. Maiden Name Laura ?
15. Birthplace U.S.A

16 (a) Informant Resp. dau.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto, Md

18 (a) Funeral director Wm. J. Jackson & Sons
(b) Address North & Fa. Aves.

19 (a) APR 7 1941 (Date received by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1941, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941, to 4-5 1941, and that I last saw her alive on 4-5 1941.

Immediate cause of death: Respiratory collapse and shock. — Duration: 4 days.
Due to: Bronchial obstruction
Due to: Bronchogenic carcinoma — 4 mo?
Other Conditions: Bronchiectasis, Bronchopneumonia — 2 yrs?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Klein
Address Johns Hopkins Hosp. Date signed 4/10/41 M. D.

F 79358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 79358 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2657 Lehman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN W BOWIE

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Rose Marian Bowie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1884

8. AGE: Years	Months	Days	If less than one day
56	7	20	hr. min.

9. Birthplace Carroll County, Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Retired

FATHER
12. Name John W Bowie
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Rose M Bowie
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Oakland M. E. Church
Location

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave.

19 (a) Date received by local registrar APR 7 1941 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1941, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to hypertension	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenhorst M.D. Asst Medical Examiner.
Date signed 4-5-41

F 79359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94 - 41 Registered No. F 79359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4039 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4039 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Christina Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Dr. Daniel Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8-1861

8. AGE: Years 79 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Christian Meyers
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Puff
15. Birthplace Maryland

16 (a) Informant Homer L. Keefe
(b) Address 4039 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

APR 7 - 1941 (Date rec'd by registrar) (b) Baltimore, Md. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7- 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1941, to 4/4 1941. and that I last saw her alive on 4/3 1941.

Immediate cause of death Myocardial failure — Duration —
Due to Coronary Thrombosis — 6 days
Due to —
Other Conditions Cerebral haemorrhage — 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Harriman M.D.
Address 2687 Wilkens Ave. Date signed 4/5/41

F 79360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D F 79360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 49

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt.

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 621 E. 41st St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Elizabeth Frederick

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Peter Frederick

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 24, 1869

8. AGE: Years	Months	Days	If less than one day
71	9	10	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER

12. Name ? Tilman

13. Birthplace Germany

MOTHER

14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Mrs. Cord Hulsman

(b) Address 3128 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1941 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore

18 (a) Funeral director Henry Sander & Sons

(b) Address North Ave. & Broadway

19 (a) ..... (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

APR 7 — 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1941, at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1941, to 4/4 1941, and that I last saw her alive on 4/4 1941.

Immediate cause of death: Carcinoma of rectum with metastasis — Duration

Due to .....

Due to .....

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature William P. Templeton

Address Md. Gen. Hosp. Date signed 4/9/41

F 79361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79361 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 N. Broadway
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Broadway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HARRIET ISABEL WOOD

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: - - -
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 5.1871

8. AGE: Years 69 | Months 8 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John D. Wood
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah A. Parker
15. Birthplace Baltimore

16 (a) Informant Miss Mary A. Wood
(b) Address 1825 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) (Date received by registrar) Apr 7 - 1941 (b) Registrar's signature for Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1941 at 4.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to April 5 1941, and that I last saw her alive on April 4 1941.

Immediate cause of death: Cerebral Hemmorrhage

Due to: Hypertensive C.V. Dis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Kearney M. D.
Address 1827 Broadway Date signed

F 79362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

F 79362

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.,
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Austin Donovan

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced.

6 (b) Name of husband or wife Agnes ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 27 1888

8. AGE: Years	Months	Days	If less than one day
52	7	11/2	hr. min.

9. Birthplace Chester, Pa.
(Town, county, and state)
10. Usual Occupation Meat Cutter.
11. Industry or business Food Fair Inc.

FATHER
12. Name John F. Donovan
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E. Price
15. Birthplace Md.

16 (a) Informant Austin E. Donovan.
(b) Address 3617 Chestnut Ave.

17 (a) Burial. (b) Date thereof Apr. 9 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hampden.

18 (a) Funeral director Chenaquette & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) APR 7 1941 Registrar

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1941, at 6.22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11, 1941, to April 5, 1941, and that I last saw h/m alive on April 5, 1941.

Immediate cause of death	Duration
Cachexia	unknown
Due to Carcinoma of Prostate	unknown
with Generalized Carcinematosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Theobald, M. D.
Address Mercy Hospital Date signed April 5, 1941

F 79363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 79363

H 41352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2¼ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 S Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte Crosby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife Lawrence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles J Crosby
13. Birthplace Md.

MOTHER
14. Maiden Name Matilda Free
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/41 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave

18 (a) Funeral director Cohen & Sonnenberg
(b) Address 3615-17 Eastern Ave

19 (a) Date rec'd by registrar APR 7 1941 (b) Signature Huntington Williams, Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1941, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27- 1939 to 4-3- 1941, and that I last saw her alive on 4-3- 1941.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Pulmonary embolism	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: may done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosps. Date signed 4-4-41 M. D.

F 79364 · BALTIMORE CITY HEALTH DEPARTMENT 31-a F 79364

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611-W Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Dallas (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611-W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Simms

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Carrie Simms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1875

8. AGE: Years 65 | Months 10 | Days 34 | If less than one day hr. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Simms
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Caroline Dyer
15. Birthplace Howard Co Md

16 (a) Informant Alice Tyler
(b) Address 208 N Vincent Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1941 (month) (day) (year)
(c) Cemetery or crematory Summerville Md
Location Howard Co Md

18 (a) Funeral director Joseph A. Linsley
(b) Address 406 N Vincent Street Baltimore, Md.

19 (a) APR 7 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4/1941, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/1941 to 4/4/1941, and that I last saw him alive on 4/4/1941.

	Duration
Immediate cause of death: Hypertension	
Cardio-Vascular Renal disease	
Due to: Cerebral apoplexy	4 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Jacques M. D.
Address 600 Washington Ave Date signed 4/7/41

VS 8

79365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79365 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Miles Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bronine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877?

8. AGE: Years	Months	Days	If less than one day
64 67?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business Unknown

FATHER
12. Name James Bronine
13. Birthplace Ireland

MOTHER
14. Maiden Name Ada Halsey
15. Birthplace Ireland

16 (a) Informant Mercy Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Finke
(b) Address 5305 Holland Rd.

19 (a) (Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1941, at 10 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1941, to 4-6 1941, and that I last saw him alive on 4-6 1941.

Immediate cause of death	Duration
Dyspnea	
Due to Pneumonia, lobar	6 days
Due to Type #1 pneumococci	
Other conditions: arterio sclerotic cardiovascular Left side heart failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Baines M. D.
Address Mercy Hospital Date signed 4-6-41

F 79366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 189

F 79366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 Moreland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Moreland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 35 yrs years

3 (a) FULL NAME Rose ~~Meyer~~ Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Married

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown about 1896

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Morris Meyer
13. Birthplace Russia

MOTHER
14. Maiden Name Zelda ——?
15. Birthplace Russia

16 (a) Informant Norman Meyer
(b) Address 2135 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Jack Levin Inc.
(b) Address 1432 E. Baltimore St. Hamburg or Williams Mort

APR 7 1941 (Date rec'd) (Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 1.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Starvation by privation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Barnes Jr. M.D. Medical Examiner.
Date signed 4/7/41

F 79367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a F 79367 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 648 Bradley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hamilton

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-10-3779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	married

6 (b) Name of husband or wife Georgia
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-12-1887

8. AGE: Years	Months	Days	If less than one day
54 53	7	20	hr. min.

9. Birthplace S. Caro. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sita Hampton
13. Birthplace S.C.

MOTHER
14. Maiden Name Belle
15. Birthplace S.C.

16 (a) Informant Georgiana Hamilton
(b) Address 648 Bradley St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-5-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Auburn
Location Mt Winans Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave

19 (a) Filed APR 7 1941 (b) Registrar Hampton Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1941, at 9.2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1941, to 4-2 1941, and that I last saw him alive on 4-2 1941

Immediate cause of death	Duration
Compression of cervical spinal cord.	
Due to Dislocation cerv. vertebrae & spontaneous reduct.	
Due to	
Other Conditions pneumonia?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence ? 3-22-41 at M
(c) Where did injury occur? 648 Bradley Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell on steps.

23. Signature P. Mearus MEARUS M. D.
Address Univ. Hosp. Redwood & Greene Date signed 4-3-41

F 79368

BALTIMORE CITY HEALTH DEPARTMENT
DH 56449 **CERTIFICATE OF DEATH** 93-9 Registered No. F 79368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR BURIAL

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Otterbein St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgianna Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1875

8. AGE: Years	Months	Days	If less than one day
65	3	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laundry Work
11. Industry or business

FATHER
12. Name John Ford
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Stewart
15. Birthplace Md.

16 (a) Informant records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans Md

18 (a) Funeral director Wellborn & Jackson
(b) Address 916 Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 7 - 1941 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3-1941, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10-1940, to 4-3-1941, and that I last saw h[illegible] alive on 4-3-1941.

Immediate cause of death	Duration
Cardiac failure	P
Due to G.S. Hy. Dis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-4-41 M.D.

F 79369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

X ✓ F 79369

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co
(c) City or town Lake Shore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant M. Lackett

(b) Address 570 McMechen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Auburn

Location Mt Winans

18 (a) Funeral director William A Jackson

(b) Address 916 Penna Ave

(Date rec'd) 4-7-41 (Signature of Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1941, at 7:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Rupture of syphilitic aneurysm of aorta into

Due to: pericardium

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandegrift M.D. Medical Examiner.

Date signed 4/2/41

F 79370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 2912 E Fayette

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Venere Genovese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Joseph Genovese

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1873

8. AGE: Years 67 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Santo Smaldi

13. Birthplace Italy

MOTHER 14. Maiden Name Domenica

15. Birthplace Italy

16 (a) Informant Joseph Genovese

(b) Address 1012 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director Albert W. Dorsey

(b) Address 440 E North Ave

19 APR 7 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1941, to April 5 1941, and that I last saw her alive on April 5 1941.

	Duration
Immediate cause of death Acute Myocardial failure	2 days
Due to acute Edema	
Due to chron Myocarditis endocarditis	
Other Conditions Diabetes Mellitus	2 yrs (?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philbert Artigiani M. D.

Address 2942 E. Fayette Date signed 4/7/41

F 79371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 79371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4220 Grace Court
(c) Hospital or institution:
South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Curtis Bay (If outside city or town limits, write RURAL and give town)
(d) Street No. 4220 Grace Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Gertrude Fried

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph Fried
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1910

8. AGE: Years	Months	Days	If less than one day
30	9	17?9	hr. min.

9. Birthplace Curtis Bay, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Robert Fagan Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Svitak
15. Birthplace Czechoslovakia

16 (a) Informant husband
(b) Address 4220 Grace Court, Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Blvd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) APR 7 1941 (Date received by Registrar) Registrar

VS 2

Thos. F. for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 2:14 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1941, to April 4 1941, and that I last saw her alive on April 4 1941.

Immediate cause of death: cardiac failure — Duration: 2 months

Due to: subacute bacterial endocarditis

Due to: congenital heart disease

Other Conditions: none.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Contg. Medico for Hosp. Date signed 4/7/41

F 79372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79372 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 Nortonia Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Nortonia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH H. THOMAS

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-07-8234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Elizabeth C. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1878

8. AGE: Years	Months	Days	If less than one day
63	2	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Auditor
11. Industry or business U. S. F. & G. Co.

FATHER
12. Name Charles Thomas
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Miller
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth C. Thomas
(b) Address 3700 Nortonia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 7 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1938 to 4-5-1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Warren M. D.
Address 7604 Garrison Blvd Date signed 4-5-41

79373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Aliceanna St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Aliceanna St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jan Marchlewicz

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Marchlewicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 25 1870

8. AGE: Years	Months	Days	If less than one day
71	-	10	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business Lunch Room

FATHER
12. Name Walenty Marchlewicz
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Primary Dobierajski
(b) Address 337 S Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Fred W Czapenski
(b) Address 1926 Eastern Ave

19 (Date rec'd by registrar) APR 7 Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 12 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 1928 to April 5 1941 and that I last saw him alive on April 5 1941.

Immediate cause of death	Duration
Broncho-pneumonia	2 days
Due to Asthma	20 yrs.
Due to Myocarditis	20 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szczerbicki M. D.
Address 1802 Eastern Ave Date signed 4-6-41

V8 3

79374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. E 79374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME + INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County HOWARD
(c) City or town GLEN ELG (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME STONEWALL PHELPS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 1, 1873

8. AGE: Years	Months	Days	If less than one day
67	6	5	hr. min.

9. Birthplace FREDERICK, HOWARD Co. MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN PHELPS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant PATIENT
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Klenig

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 APR 7 1941 (Date rec'd by registrar) (b) [illegible] M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 6 1941, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR. 4 1941. to APR. 6 1941. and that I last saw HIM alive on APR 6 1941.

Immediate cause of death	Duration
Terminal pneumonia	2 days
Due to Intestinal obstruction due to strangulated hernia, of	9 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation left inguinal hernia & sigmoid; no gangrene encountered
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.,
Address Church Home [illegible] Date signed 4-7-41

F 79375

WEIGMAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. F 79375

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 W. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Weigman

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-01-5007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 2nd 1915

8. AGE: Years	Months	Days	If less than one day
25	7		hr. min.

9. Birthplace Phila Pa
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business American Tobacco Co.

FATHER
12. Name Morris E. Weigman
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Alice F. Tydings
15. Birthplace Balto Md.

16 (a) Informant Alice F. Tydings
(b) Address 2522 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory ST John's
Location Balto Md

18 (a) Funeral director William Lantz
(b) Address 1210 St. Paul St

19 APR 7 1941 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/41 19 , at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1941, to 4/6 1941, and that I last saw him alive on 4/6 1941

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Anemia	2wks
Due to Acute hemorrhagic nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Fuller M. D.
Address Sinai Hospital Date signed 4-6-41

VS 8

79376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1444 Aisquith St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1444 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Ingram

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Conrad L. Ingram | 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23 1864

8. AGE: Years 77 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Penna. (Town, county and state)

10. Usual Occupation Retired R.R. Conductor

11. Industry or business R.R.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant David J. Lordey
(b) Address 1444 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/1941 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Govans

18 (a) Funeral director Chas. F. Craig & Son Inc.
(b) Address 4 [illegible] Mt. Royal ave.

19 (a) APR 7 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 — 1941 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941 to March 6 1941, and that I last saw h[illegible] alive on 4/6 1941.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith

Address 1213 E. North Ave Date signed 4/7/41

VS 3

79377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 79377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balto. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Mission Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Cook

Birth F 26037

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1941

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace University Hospital, Balto. Md (Town, county, and state)

10. Usual Occupation –

11. Industry or business –

FATHER
12. Name Wesley Cook
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Pauline Tongue
15. Birthplace Baltimore, Md.

16 (a) Informant Pauline Cook
(b) Address 54 Mission Court, Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [illegible] APR 7 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 7 1941 (Date received by registrar) (b) Huntington Williams, M.D.

6385

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1941, at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1941, to April 4 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death	Duration
Intracranial Hemorrhage	4 hrs
Due to Difficult Labor + delivery	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Intracranial Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King B.E. Seegar, Jr. M.D.
Address University Hospital Date signed

VS 3

7994662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

Registered No. F 79378

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town RUXTON (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmond Fontaine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-75

8. AGE: Years	Months	Days	If less than one day
65	9	13	12 hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation TREE SURGEON

11. Industry or business

FATHER
12. Name RICHARD FONTAINE
13. Birthplace VA

MOTHER
14. Maiden Name KATE MANOR
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Charlottesville, Va.

18 (a) Funeral director C. Harry Wood
(b) Address Sykesville, Md.

APR 7 1941 (Date rec'd by Registrar) (b) Huntington Williamsport

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 6 1941, at 10 M P

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 17 1941 to APR 6 1941, and that I last saw HIM alive on APR 6 1941

Immediate cause of death: Lupus erythematosus — Duration

Due to

Due to

Other Conditions: Terminal bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Feerney M. D.
Address Johns Hopkins Hosp. Date signed 4-7-41

79379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 ✓ Registered No. F 79379

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1. Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2365 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Franklin D. McLean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Fanny L. McLean
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 22 - 1863

8. AGE: Years	Months	Days	If less than one day
77	9	14	3 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business U. S. Chemical Co

FATHER
12. Name John McLean
13. Birthplace Md.

MOTHER
14. Maiden Name Fanny Ann McGowan
15. Birthplace Md.

16 (a) Informant Mrs. Fanny Ann McLean
(b) Address 3645 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Eutaw Pl. Ave.

19 (a) APR 7 1941 (Date received by registrar) Thurlington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941, to April 5 1941, and that I last saw h[illegible] alive on April 5 1941.

Immediate cause of death: Cerebral Hemorrhage a Rt hemiplegia. — Duration: 8 days.
Due to: Hypertensive CV disease
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Kroee
Address 11 E. Chase St. Date signed M. 4 D. 5 1941

79380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B ✓

Registered No. E 79380

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 Warren Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1873

8. AGE: Years	Months	Days	If less than one day
67 63	5	12 11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business

FATHER
12. Name Robert B Fisher
13. Birthplace Md

MOTHER
14. Maiden Name Susan Walker
15. Birthplace Md

16 (a) Informant Mrs Mary V Fisher
(b) Address 202 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

APR 7 1941 (Date rec'd by registrar)

(c) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Apr 4/41, and that I last saw him alive on Apr 4/41.

Immediate cause of death
Acute Peritonitis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Abt 7 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L Holt M.D.
Address 4/5/41 Date signed M. D.

F 79381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 79381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 W Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 W Lee St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ellen Clough

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-05-5278

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Kitchen work at Southern Hotel

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Md

MOTHER
14. Maiden Name Don't Know
15. Birthplace Md

16 (a) Informant Mr John M Clough
(b) Address 133 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marsch
(b) Address 215 Light St Huntington Williams, Md

19 (Date received by registrar) APR 7 — 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1941, to 4/5 1941, and that I last saw h alive on 4/5 1941.

Immediate cause of death (a) Pneumonia — Duration

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David L Bradley

Address 1 W Lee Date signed 4/8/41

VS 3

E 79382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D ✓ Registered No. E 29382

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur H Bowen

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lydia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1873

8. AGE: Years 67 | Months 6 | Days 10 | If less than one day 13 hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Bowen
13. Birthplace Md

MOTHER
14. Maiden Name Mary
15. Birthplace Md

16 (a) Informant Mrs
(b) Address 1130 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory Waters Mem Chapel Cem
Location Calvert Co Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) APR 7 - 1941 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 3.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1941 to April 6 1941, and that I last saw h.m. alive on April 5 1941.

Immediate cause of death: Bronchitis — Duration 3 mo

Due to: Chronic Bronchitis — 4 mo

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Wheeler M. D.
Address 1279 Hilliard Date signed 4/7/41

F 79383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-3 F 79383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N. Curley St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N. Curley St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Gover

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Cyrus G. Gover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1861

8. AGE: Years	Months	Days	If less than one day
79	9	21	20 hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER
12. Name John Poole
13. Birthplace Md.
14. Maiden Name Mary E. Murray
15. Birthplace Md.

16 (a) Informant Mrs. Gertrude Smallwood
(b) Address 532 N. Curley St.,

17 (a) Burial (b) Date thereof Apr. 9, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Providence Church Cem.
Location Carroll Co., Md.

18 (a) Funeral director D. Howard Strong
(b) Address 715 Light St.,

19 (a) APR 7 1941 (b) Huntington Williamson, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 6, 1941 at 6.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 16 to April 6 1941, and that I last saw h[illegible] alive April 6 1941.

Immediate cause of death: Carcinoma Uteri & metastasis — Duration: 9 ?

Due to

Due to

Other Conditions Colon Obstruction L. V. R. divers — Duration: 9 ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen L. Sykesville, M.D.
Address 1939 The Alameda Date signed 4/7/41

79384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 79384
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Hanover Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES JANUSHEK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Barbara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1862

8. AGE: Years	Months	Days	If less than one day
79	1	16	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Vincent Janushek
13. Birthplace Austria

MOTHER
14. Maiden Name Theresa Hoffman
15. Birthplace Austria

16 (a) Informant Hospital Record of
(b) Address Johns Hopkins.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John A. McCann
(b) Address 6000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Pallbearers, Inc.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1941, at 4 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia lobular

Due to Burns, 1st & 2nd degree, both legs

Due to

Other Conditions Carcinoma of prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 3rd, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury mattress caught fire from cigarette

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 4-5-41

F 79385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

F 79385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? , years

3 (a) FULL NAME Charles Miner (Minor)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Orange, Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Edgewood Arsenal

FATHER
12. Name Ashby Miner
13. Birthplace Virginia

MOTHER
14. Maiden Name Parky Campbell
15. Birthplace Virginia

16 (a) Informant Mrs. McIntark,
(b) Address 611 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 7 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 [illegible]

19 (a) APR 7 - 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 2 - 1941, at 9:34 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 31 1941, to 4 - 2 1941, and that I last saw him alive on 4 - 2 1941.

Immediate cause of death	Duration
Meningitis	
Due to Meningococcus	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy At John Hop. Hosp. 4-4-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address 4-5-41 Sydenham Hosp. Date signed

79386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 E. Baltimore Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 E. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE S. HULSE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Lillian B. Hulse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1870

8. AGE: Years 70 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Candy Maker
11. Industry or business Ret'd 12 yrs.

FATHER
12. Name Henry Hulse
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret A. Griffith
15. Birthplace Maryland

16 (a) Informant Miss Lillian Hulse
(b) Address 2906 E. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 7 1941 (Date rec'd by registrar) (b) Thurlington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1941, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1941, to 4-5 1941, and that I last saw him alive on 4-4 1941.

Immediate cause of death
Myocardial failure
Due to Chronic Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman J. Hood M. D.
Address 220 Lanvale Blvd Date signed 4-7-41

79387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a ✓ Registered No. F 79387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 N. Dennison St.
(c) Hospital or institution: Mrs. Crawfords Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5325 Bosworth Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Kate Clarke

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles H. Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1867

8. AGE: Years 73 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace: Alexandria, Virginia (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: George T. Kidwell
13. Birthplace: Alexandria, Va.

MOTHER
14. Maiden Name: Sarah Ann Harper
15. Birthplace: Virginia

16 (a) Informant: Mr. C. R. Clarke
(b) Address: 5325 Bosworth Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1941 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial
Location: Parkville, Balto. Co. Md.

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Aves. Balto.

19 APR 7 - 1941 (Date rec'd by Registrar) (b) Thurlington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to April 6 1941, and that I last saw her alive on April 5 1941.

	Duration
Immediate cause of death: Uremia	4 days
Due to: Pyelonephritis	7 mos
Due to: Prostatis	2 yrs
Other Conditions: Arteriosclerosis	5-3 yrs -

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. W. Bellinger M. D.
Address: 222 W. Monument Date signed April 7/41

79388 VANNIACCI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 ✓ F 79388

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Patapsco ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Yanniacci
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27-1940

8. AGE: Years	Months	Days	If less than one day
X	3	9	hr. min.

9. Birthplace Dundalk Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John C. Yanniacci
13. Birthplace Copeburg Pa.

MOTHER
14. Maiden Name Nancy M. LaRosa
15. Birthplace Steubenville Ohio

16 (a) Informant John C. Yanniacci
(b) Address 123 Patapsco ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Ce
Location

18 (a) Funeral director Mendell C. Humphreys
(b) Address 15-01 N. Broadway

19 APR 7 - 1941 (Date rec'd by registrar) (b) Hagerstown Washington Co., Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 41 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to April 5 1941, and that I last saw h[illegible] alive on April 5 1941.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Acute hemolytic anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schenthal M.D.
Address Mercy Hospital Date signed 4/5/41

79389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9 ~ F 79389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 North Broadway.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Bdway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Wurtzburger. SS. 216-10-9949

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	2189700484	Male	White	Single.

6 (b) Name of husband or wife xxxx
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6-1870

8. AGE: Years	Months	Days	If less than one day
71	3	1	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Clothing

FATHER
12. Name Michael Wurtzburger.
13. Birthplace Germany

MOTHER
14. Maiden Name Jeanette Haas.
15. Birthplace Germany

16 (a) Informant Harry Wurtzburger,
(b) Address 1036 N. Broadway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April-9th-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto & Conklin Sts.

18 (a) Funeral director Chas. Ahrens & Co.
(b) Address 2432 Reisterstown Rd.

19 APR 7-1941 (Date rec'd by registrar) (b) Filed by Registrar Millicent M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1940. to April 1941. and that I last saw h[illegible] alive on April 7, 1941.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schenker
Address 1919 E. North Ave Date signed 4/7/41

VS 8

F 79390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79390 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6th
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM SULLIVAN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband or~~ wife: Lottie Sullivan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 11 1872

8. AGE: Years 68 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: — — —

FATHER
12. Name: Edward Sullivan
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Eliza Chamberlain
15. Birthplace: Unknown

16 (a) Informant: Grace Rhodes
(b) Address: 209 McHenry St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Balto
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 217 N. Paul St

APR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 2:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 4-6-41

F 79391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-aF 79391 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 7 day
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Bertha Challoner

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Separated

6 (b) Name of husband ~~or wife~~ Willard Challoner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1884

8. AGE: Years	Months	Days	If less than one day
56	8	12	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Rooming House

FATHER
12. Name Richard Wells
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Calvert Co. Md.

16 (a) Informant Robert D. Harden
(b) Address 1/ Murray Ave - Annapolis Md.

17 (a) Burial (b) Date thereof 4-9-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Knoll
Location Annapolis Md.

18 (a) Funeral director William Cook
(b) Address 129 E. Fayette St

APR 8 - 1941 (Date rec'd by registrar) Balto Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1941, at 4:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941, to 4-6 1941, and that I last saw HER alive on 4-5 1941.

Immediate cause of death: Respiratory failure — Duration: 10 min.
Due to
Due to
Other Conditions: Cholecystitis.
(Include pregnancy within 3 months of death)
Date of operation 4-3-41
Major findings of operations: Chronic Cholecystitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Wallbrann M.D.
Address Univ. Hosp. Date signed 4-6-41

F 79392

Lins

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 79392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3957 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Lins

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Fe
5. Color or race: Wh
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Separated
6 (b) Name of husband ~~or wife~~: (Unknown) Lins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12th 1857

8. AGE: Years 83 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace: Balto. Co. Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Robert A. King
13. Birthplace: Md

MOTHER
14. Maiden Name: (Unknown) Gamble
15. Birthplace: Md.

16 (a) Informant: Mrs A. E. Hoofnes
(b) Address: Ellicott City Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Balto
Location: " Md

18 (a) Funeral director: William Cook
(b) Address: 12 Att St Pennington Williams, Md

19 (a) (b) Registrar

APR 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm M Gandy M.D. Medical Examiner.
Date signed 4/7/41

F 79393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79393 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin St
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Kraft

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 12th 1916

8. AGE: Years	Months	Days	If less than one day
24	10	25	hr. min.

9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business "

FATHER
12. Name Harry H. Kraft
13. Birthplace Columbia Pa

MOTHER
14. Maiden Name Bella P. Fletcher
15. Birthplace Steelton Pa.

16 (a) Informant Harry H. Kraft
(b) Address 234 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 APR 8 — 1941 (Date rec'd by Registrar) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-41 19 , at 7.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 19 41, to 4-7 19 41, and that I last saw h[illegible] alive on 4-7 19 41.

Immediate cause of death Lobar pneumonia — Duration 5 days

Due to —

Due to —

Other Conditions Erysipelas Septicopyemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Kopanke Jr. M. D.
Address St. Josephs Date signed 4-7-41

79394

F 79394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 E. Fayette St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 E. Fayette St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA MICHEL

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Daniel Michel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1874

8. AGE: Years	Months	Days	If less than one day
66	9	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Kuchener
13. Birthplace Maryalnd

MOTHER
14. Maiden Name Marie Sittig,
15. Birthplace Maryland

16 (a) Informant Irene L. Maurath,
(b) Address 2323 E. Fayette St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director John Ulrich
(b) Address 1006 Orleans St.,

19 (a) [illegible] (b) [illegible]
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1941 to April 5 1941 and that I last saw h[illegible] alive on April 5 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 hr
Due to Arteriosclerosis	3 yr.
Due to Myocarditis Endocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anna B Lemmon M. D.
Address 718 N Patterson Pk Ave Date signed April 7/41

THIS WHITE SPACE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 395018
F 79395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D

F 79395
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Eaton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Boyd

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-84

8. AGE: Years	Months	Days	If less than one day
56	6	23	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Hsw
11. Industry or business

FATHER
12. Name William Russell
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md
18 (a) Funeral director Mgt. Lauer & Dempsey
(b) Address 573 N. Eutaw St.
(c) Huntington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 11 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1941, to April 5 1941, and that I last saw h[illegible] alive on April 5 1941.

Immediate cause of death	Duration
(a) Cerebral hemorrhage	
(b) Uremia	
Due to (b) Hypertensive cardiovascular disease	
Due to	
Other Conditions 2 Myocardial infarct ? Digitalis intoxication (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Klumpfelter
Address Johns Hop Hosp Date signed 4/6/41

F 79396 Gantt F 79396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 Argyle Av.
(c) Hospital or institution: "

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Argyle Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie E. Gantt.

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex Female
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 80 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Kate Adams
13. Birthplace Md

MOTHER 14. Maiden Name Leitha Williams
15. Birthplace .....

16 (a) Informant Bertha Baker
(b) Address 1117 Argyle av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Wm. Francis A. Kemsley
(b) Address 578 W. Baddle St.

19 (a) ..... (Date rec'd by registrar) (b) Thursday (Permit issued)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1941, to Apr. 5 - 1941, and that I last saw her alive on Apr. 5 - 1941.

Immediate cause of death Cerebral Hemorrhage — Duration ?
Due to old age
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Edward J. O'Malley M.D.
Address 1230 Druid Hill Av Date signed 4/7/41

F 79397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 79397 Registered No.

79397 SS 64900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/33

8. AGE: Years	Months	Days	If less than one day
7	6	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Hall (d)
13. Birthplace ?

MOTHER
14. Maiden Name Bessie Chapman
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
(a) Funeral director Elroy O. Wilson
(b) Address 1000 Biddle St

19 (a) (Date received by registrar) (b) Registrar Huntington Publishing Co.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1941 to 4-7 1941, and that I last saw him alive on 4-7 1941.

Immediate cause of death: Tuberculous meningitis — Duration: 19 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Permission not given.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-7-41

79398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Plater (62790)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1891

8. AGE: Years	Months	Days	If less than one day
50	1		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name William Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Mandy Collins
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1941, at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1941, to Apr. 3, 1941, and that I last saw her alive on Apr. 3, 1941.

Immediate cause of death — Duration

Pulmonary Tuberculosis — Aug.

Due to — 9 Mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney A. Peterson Jr. M. D.
Address Balto. City Hospitals Date signed 4-3-41

79399 HEALTH DEPARTMENT—CITY OF BALTIMORE 79399

CERTIFICATE OF DEATH ✓ 83-b

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Dean St. 26-9 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Mitchell

If U. S. Veteran specify WAR _____

(a) Residence: No. 926 S. Dean St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Mitchell, deceased

6. DATE OF BIRTH (month, day, year) Feb. 26, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 2/26/41

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Jackson Boro, S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Mitchell
(Address) 926 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL
Place Antioch Park Date April 11, 1941

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount St

20. FILED _____ 19__ APR 8 1941 _____ Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2/26, 1941 to 4/5, 1941

I last saw her alive on 4/5, 1941. Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/26/41
Hemiplegia	2/26/41

Other contributory causes of importance:

Hypertension	1938?
Atherosclerosis	1936?

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Benjamin Highstein M. D.

(Address) 800 S. Ellwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79400

cc 63640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-31-41 F 79400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1904

8. AGE: Years	Months	Days	If less than one day
36	8 9	4	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joe Benj. Tolson
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie Rich
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b) Registrar

Date rec'd by registrar APR 8 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1941, at 2 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14- 1941 to 4-5- 1941 and that I last saw h alive on 4-5- 1941.

Immediate cause of death: Uraemia — Duration P

Due to: Arteriolar nephrosclerosis ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Baltimore City Hosp Date signed 4-6-41 M.D.

F 79401

OF 64746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No.

F 79401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 546 St. Mary's Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. AGE: Years	Months	Days	If less than one day
56?			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Upholester

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-7-41 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Adolph Klyn Holtzoff

(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28-1941, at 4 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1941, to 3-28-1941, and that I last saw him alive on 3-28-1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Bronchopneumonia	1 day
Due to Gen. A-S.	? ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Bronchopn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Waghelstein

Address Balto City Hosp Date signed 4-7-41 M. D.

F 79402

F 79402

F 79402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

cc 54599

Registered No. 11-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Edward Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1914

8. AGE: Years	Months	Days	If less than one day
26	10	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name John Bradford
13. Birthplace N. C.

MOTHER
14. Maiden Name Mamie Green
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hohstadt
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1941, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1940 to 4-6 1941, and that I last saw h. alive on 4-6 1941.

Immediate cause of death	Duration
Post-operative shock	16 hrs.
Due to Terminal ileitis (Crohn's)	1 yr.?
Due to Lympho-granuloma venereal	1 yr.?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4-5-41
Major findings of operation: Terminal ileitis
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sidney R. Ehrlich Jr. M. D.
Address Baltimore City Hosp. Date signed 4-6-41

F 79403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 79403 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 Chester Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 319 Chester Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Bridget A. Clancy

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James E. Clancy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	4	1		

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Home keeper
11. Industry or business at Home

FATHER
12. Name Manus Duggan
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Known
15. Birthplace Ireland

16 (a) Informant Miss Helen S. Clancy
(b) Address 319 Chester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Coulter, Son
(b) Address 924 Eager St.

19 APR 8 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941 at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1941, to 4-7-1941, and that I last saw her alive on 4-7-1941.

Immediate cause of death	Duration
Cardio-vasculo-renal disease	Two years
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Lyford M.D.
Address 2807 Harford Ave Date signed 4-9-41

VS 3

F 79404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79404 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 359 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Cereal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josefa Josephine Rzepkowski (54682)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ignatz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1894

8. AGE: Years 46 | Months 6 | Days 28 27 | If less than one day ..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Blazey Gocel
13. Birthplace Poland

MOTHER
14. Maiden Name Frances
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) APR 8 - 1941 (Date rec'd by registrar) (b) Huntington Pittsville, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13, 1940 to Apr. 7, 1941 and that I last saw her alive on Apr. 7, 1941

Immediate cause of death ? Monilia infection ? ? Tuberculosis — Duration 2 yrs. 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Balto. City Hospitals Date 4-7-41

79405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79405 Registered No.

F

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 E. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 E. Fort ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Alfred Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	w.	married

6 (b) Name of husband or wife Wm H. Hooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4-1873

8. AGE: Years	Months	Days	If less than one day
68	3	3	hr. min.

9. Birthplace Cumberland Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Alfred Ryland
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary McCusker
15. Birthplace Baltimore Md

16 (a) Informant Wm H. Hooper
(b) Address 106 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Lefler & Feiler 1110
(b) Address 403 S Wolfe St

(a) (b) Date rec'd by reg. Clayton Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7- 1941, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1940 to April 7-1941, and that I last saw h[illegible] alive on April 6-1941.

Immediate cause of death Cerebral Hemmorhage — Duration 3 days

Due to Hypertension — Duration [illegible]

Due to

Other Conditions Previous cerebral Hemmorhage on 12-1-1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Ryland M.D.
Address 2532 Edmondson Ave Date signed 4-7-41 M. D.

F 79406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1106-C Registered No. F 79406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Belle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Howard Ward
3 (b) If veteran, name war —
3 (c) Social Security Account No. Balto F 24672

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 3, 1941
8. AGE: Years 0 | Months 1 | Days 4 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jack Ward
13. Birthplace U. S.

MOTHER
14. Maiden Name Martha Berger
15. Birthplace U. S.

16 (a) Informant Jack Ward
(b) Address 4107 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy & Hamilton Ave

18 (a) Funeral director Jack Lenz Inc
(b) Address 1439 E. Balto St.

19 (a) APR 8 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1941, to 4-7 1941, and that I last saw him alive on 4-7 1941.

Immediate cause of death: Respiratory failure

Due to: Tracheo-bronchitis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Huntington M. D.
Address Sinai Hosp. Date signed 4-8

Act 1927 is especially important. Physicians: please write the causes of death clearly and legibly.

F 79407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 79407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 E. 41st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 520 E. 41st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Illich

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Joseph F. Illich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 22-1860

8. AGE: Years 80 71 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Harfordsburg Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired Sch. Teacher

FATHER 12. Name Thomas Johnson
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Jane Hayshe
15. Birthplace Balto. Md.

16 (a) Informant Mrs. L. Illich
(b) Address 520 E. 41st St.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Registration Off. Pikesville

18 (a) Funeral director John A. Morgan
(b) Address 4201 Greenmount Ave

19 APR 8 1941 (b) Hunting [illegible]
(Filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/ 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to April 6 1941, and that I last saw her alive on April 6, 1941.

Immediate cause of death Uremia — Duration 24 hrs.
Due to Chronic nephritis.
General arterio-sclerosis.
Due to Hypertension.
Chronic myocarditis.
Other Conditions Albuminuria retinitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton
Address 3963 Greenmount Ave. Date signed 4/8/41.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79408

BERLIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VI 22-B F 79408 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3133 Abell Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Bertha M Berlin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6464

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1905

8. AGE: Years	Months	Days	If less than one day
35	5	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Mack Truck Co

FATHER
12. Name George W Berlin
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Kirk
15. Birthplace Maryland.

16 (a) Informant Self
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) DR 8 [redacted] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941 at 12 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1941 to 4-6 1941, and that I last saw her alive on 4-6 1941.

Immediate cause of death	Duration
Intraperitoneal Hemorrhage	
Due to Hysterectomy 3-31-41	
Due to	
Other Conditions Paralytic Ileus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther B Whitworth M. D.
Address Md Gen Hosp Date signed 4-6-41

VS 8

F 79409

SS 63676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79409 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 17
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Newcomb

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Separated

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25, 1886

8. AGE: Years	Months	Days	If less than one day
55	1	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Rhoder
15. Birthplace N. J.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Removal (b) Date thereof 4/8/41 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Still Pond
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Hunting Town Pike, Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15-1941, to 4-5-1941, and that I last saw h~~im~~er alive on 4-5-1941.

Immediate cause of death: Carcinoma of Lung — Duration ?
Cardiac Failure — ?
Due to: Hypostatic Pneumonia — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-7-41

394 F 8-4 79410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 79410

133-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Lunenburg
(c) City or town Meherrin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Taylor James Cox

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-23-1919

8. AGE: Years	Months	Days	If less than one day
92	2	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Weldon Cox

13. Birthplace Va

MOTHER 14. Maiden Name Martha Hill

15. Birthplace Va

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 8, 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Keysville Virginia

18 (a) Funeral director Mrs. R. G. Elliott & Daughter

(b) Address 1129 N. Carrollton Ave. Washington Baltimore, Md.

19 (a) APR 8 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 4:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1941 to Apr. 6 1941, and that I last saw him alive on Apr. 6 1941

Immediate cause of death Uremia — Duration 3 weeks

Due to Bilat. hydronephrosis

Due to Urinary obstruction

Other Conditions Atonic bladder

(Include pregnancy within 3 months of death)

Date of operation 3-31-41 4-2-41

Major findings of operation: Bilat. hydro-nephrosis & hydroureters

of autopsy: HYDROURETERS

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cullen S Woodcock

Address Johns Hopkins Hosp Date signed 4/6/41

VS 3

F 79411

4129-401-above

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 79411

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1439 Hanover St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1439 Hanover St (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Bunting

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edison Bunting

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1879

8. AGE: Years 62 | Months | Days 26 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dont know

13. Birthplace Germany

MOTHER 14. Maiden Name Dont know

15. Birthplace Germany

16 (a) Informant Mrs Mary Smith

(b) Address 1439 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1941 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Balto City

18 (a) Funeral director A. Howard Evans

(b) Address 1400-02 St Paul St

19 (a) (Date rec'd by registrar) APR 8 - 1941 (b) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1941, at 11:57 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25/1935 to 4/6/1941 and that I last saw her alive on 4/5/41 19

Immediate cause of death: Cerebral hemorrhage — Duration: 2 wks.

Due to: Hypertensive cardio vascular renal disease. — 6 yrs.

Due to:

Other Conditions: Diabetes Mellitus. — 4 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Leikel M. D.

Address 1226 Hanover St. Date signed 4/7/41

F 79412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No.

F 79412

Physicians: please write the causes of death clearly and legibly. Any error or omission of information should be carefully supplied. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 W. Conway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Conway St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Mamie B Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Frank Thomas T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1886

8. AGE: Years	Months	Days	If less than one day
55	2	8 11	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name James Mitchell
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Emma Nelson
15. Birthplace W. Virginia

16 (a) Informant Walter Gray
(b) Address 638 W. Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 8 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Va Co Rd

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1818 W. Baltimore St

APR 8 - 1941 (Date rec'd by registrar) (b) 8 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8th 1941, at 6:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8th 1941, to Apr 8th 1941, and that I last saw her alive on Apr 8 1941.

Immediate cause of death: Lobar Pneumonia — Duration: 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. L. Hassett M. D.
Address 665 W. Baltimore St Date signed 4/8/41

F 79413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

Registered No. F 79413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Marydell Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 l.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Marydell Road (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna Beuchelt - Parr

3 (b) If veteran, name war -------

3 (c) Social Security Account No. --- ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Parr

6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) 2/6/1864

8. AGE: Years	Months	Days	If less than one day
77	1	29	---hr. ---min.

9. Birthplace Dambeck bei Salzwedel-Germany (Town, county, and state)

10. Usual Occupation Registered Midwife

11. Industry or business

FATHER
12. Name Johann H David Ahrens
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine D. Michaelis
15. Birthplace Germany

16 (a) Informant Mr. Walter E. Beuchelt
(b) Address 339 Marydell Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Maryland

18 (a) Funeral director: J. F. B. Shippert & Son
(b) Address 1300 Eutaw Place

APR 8 1941 (Date rec'd by Registrar) (b) Hunter H. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1936 to April 1941 and that I last saw ... alive on April 5 1941.

Immediate cause of death — Duration
(a) Coronary Sclerosis — 3 yrs
Due to, (b) Myocarditis — 3 yrs
Due to, (c) Oedema of Lungs — 1½ hr
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E. G. Marr, M.D.
Address 516 Cathedral St. Date signed April 7 1941

Dr. E. G. Marr

F 79414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 49-a

F 79414 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Brevard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Brevard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mathie K. Logan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30-1888

8. AGE: Years	Months	Days	If less than one day
53		5	hr. min.

9. Birthplace Natural Bridge Va (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

MOTHER
12. Name Caroline Bush
13. Birthplace Natural Bridge Va

FATHER
14. Name George Dixon
15. Birthplace Natural Bridge, Va

16 (a) Informant Bessie K. D. Logan
(b) Address 818 N. 38th St. Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1600 W. Baltimore St. Date received APR 8 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of left breast	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/7/41

VS 6

F 79415 HEALTH DEPARTMENT—CITY OF BALTIMORE F 79415

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Tyson St. 11-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ella Banks

If U. S. Veteran specify WAR _____

(a) Residence: No. 840 Tyson St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George D

6. DATE OF BIRTH (month, day, year): May 16-1889

7. AGE: Years: 52 | Months: | Days: 20 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER
13. NAME: Solomon Disby
14. BIRTHPLACE (city or town) (State or country): Harford Co. Md

MOTHER
15. MAIDEN NAME: Harriet Brown
16. BIRTHPLACE (city or town) (State or country): Harford Co. Md

17. INFORMANT: Mrs. Julia Banks
(Address) 840 Tyson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Md. Date 4-8 1941

19. UNDERTAKER: Mrs. Geo. H. Holland
(Address) 1631 Orchard Hill Place Washington Heights, N.Y.

20. FILED APR 8 1941 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1941, to April 4, 1941
I last saw her alive on April 4, 1941. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Other contributory causes of importance:	
Grippe	Mar 21
	41

Was an operation performed? _____ Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. K. Petteway M. D.
(Address) 817 Hamilton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

79416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 79416

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + CALVERT

(c) Hospital or institution: UNION MEMORIAL HOSP

(d) Length of stay in hospital or inst. (yrs., or days) 12 DAYS

(e) Length of stay in Baltimore (yrs., days) 70 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3710 SPRINGDALE AVE (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss ALICE C. PRACHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1870

8. AGE: Years	Months	Days	If less than one day
70	5?		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business

FATHER

12. Name Charles Pracht

13. Birthplace Germany

MOTHER

14. Maiden Name Anna Mathes

15. Birthplace Germany

16 (a) Informant Helen Pracht

(b) Address 3707 Liberty Hts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell Funeral Home Inc.

(b) Address 1900 Eutaw Place

19 (a) APR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 8 1941, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1941, to 4-8 1941, and that I last saw her alive on 4-8 1941.

Immediate cause of death	Duration
CIRCULATORY COLLAPSE	10 hrs
Due to HEART FAILURE	1 MO
Due to ARTERIOSCLEROTIC HEART DISEASE	yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard W. Pembroke Jr. M. D.

Address Union Memorial Hosp Date signed 4/8/41

VS 2

F 79417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 14

F 79417
Registered No.

PRINT OR TYPE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marshall Wade

3 (b) If veteran, name war

3 (c) Social Security Account No. 245-10-4063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-11

8. AGE: Years	Months	Days	If less than one day
29	9	29	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name John Wade
13. Birthplace N. C.

MOTHER
14. Maiden Name Sally McMiller
15. Birthplace N. C.

16 (a) Informant Daniel Wade, brother
(b) Address 924 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 9 194/ (month) (day) (year)
(c) Cemetery or crematory Aberdeen
Location N. Carolina

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1721 Jefferson St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 2 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1941, to 4-7 1941, and that I last saw h.i.m. alive on 4-7 1941.

Immediate cause of death

Meningitis
Due to Tuberculosis

Due to

Other Conditions
Bad pneumonia joint
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4 wks?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address 4-7-41 Date signed Sydenham Hospital

F 79418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 79418 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 Green Willow st
(c) Hospital or institution:
at home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Green Willow st (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Adella Nichols

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1890

8. AGE: Years	Months	Days	If less than one day
50	10	11	hr. min.

9. Birthplace Forks Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Williams Gray
13. Birthplace Va

MOTHER
14. Maiden Name Martha ?
15. Birthplace Md

16 (a) Informant Elizabeth Richmond
(b) Address 702 College ave Owensboro Ky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) [illegible] (b) [illegible]
(Signature of registrar)
APR 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1941, to April 6 1941, and that I last saw her alive on April 6 1941.

Immediate cause of death Bronchopneumonia — Duration 4/4/41
Due to Carcinomatosis
Infiltration of Cervix
Due to Carcinoma of Breast
Axillary Glands & Sternum
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lafavor M. D.
Address 522 N. Bond St Date signed 4/7/41

3-941067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-w

Registered No. E 29419

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Miami (If outside city or town limits, write RURAL and give town)
(d) Street No. 3952 Douglas Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert M Price

3 (b) If veteran, name war —

3 (c) Social Security Account No. 262032652

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-81

8. AGE: Years	Months	Days	If less than one day
59	5	6	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Miami Bridge Co

FATHER
12. Name James Price
13. Birthplace VA

MOTHER
14. Maiden Name Mary Marshall
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Miami Fla

18 (a) Funeral director H Perkins & Co
(b) Address Cedar & McCulloh Sts

19 (Date received) APR 8 1941 (Registrar's signature) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 7 1941, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941, to Apr 7 1941, and that I last saw him alive on Apr 7 1941.

Immediate cause of death	Duration
Acute myeloid leukemia	? 10 wks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward Briggs
Address Johns Hopkins Hospital Date signed 4/8/41

79420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-E

Registered No. 11424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 3416 So Eight St (Rural route number)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Polanik

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-4400

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 42? | Months | Days | If less than one day hr. min

9. Birthplace Russian (town, county, and state)

10. Usual Occupation Shelf Inr

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name ? Polanik
13. Birthplace Russian

MOTHER
14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mrs Mary Gindey
(b) Address 609 Franklin St. Canonsburg Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John J. Grabiszewski Jr.
(b) Address 423 S. Paca St.

19 APR 8 - 1941 (Date rec'd by registrar) (b) Huntington Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941 at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing Injury of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/6/41 26-A
(c) Where did injury occur? R.R. Bridge Anne Arundel Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Jumped off bridge

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/7/41

VS 6

The E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied.

79421

52972 OF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 79421

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 48 S. Albemarle Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME

Mike, Shube

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1899

8. AGE: Years	Months	Days	If less than one day
41	10	16	hr. min.

9. Birthplace Austria-Hungary (Town, county, and state)

10. Usual Occupation Crane operator

11. Industry or business unemployed

FATHER

12. Name Mike Shube

13. Birthplace Austria Hungary

MOTHER

14. Maiden Name Lillian Tups

15. Birthplace Austria Hungary

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem.

Location German Hill Rd - B Co - Md

18 (a) Funeral director John J. Fahey Funeral

(b) Address 1318 Light St.

19 (a) APR 8 - 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1941 at 10 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1940 to 4-1 1941, and that I last saw h[im] alive on 4-1 1941.

Immediate cause of death Carcinoma of rectum & peritoneum — Duration 6 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Zehler M.D.

Address Baltimore City Hosp. Date signed 4-5-41

F 79422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 79422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 38 S. Fulton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 38 S. Fulton (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles G. Bokman

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-12-5099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Mary E. Bokman nee Schmidt 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	6	28		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Shoe Cutter

11. Industry or business

FATHER 12. Name August Bokman

13. Birthplace Germany

MOTHER 14. Maiden Name Rebecca Hagner

15. Birthplace Md.

16 (a) Informant Mrs. Mary E. Bokman

(b) Address 38 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Location Hardy Ave. & Fay St.

18 (a) Funeral director Harry H. Wittie

(b) Address 4101 Edmondson Ave

19 (a) Date received by Registrar APR 8 1941 (b) Thurlington Milligan Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941 to April 6 1941, and that I last saw him alive on April 6 1941.

Immediate cause of death Coronary Thrombosis — Duration 6 hours

Due to Arteriosclerosis

Due to Heart Dis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury (Rockland)

23. Signature Reuben Bokman

Address 210 W. Lexington St Date signed 4/8/41 M. D.

F 79423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D F 79423 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 E. Chase St.
(c) Hospital or institution St. Frances Convent
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. Chase St. St. Frances Convent (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Catherine Slye

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 27 1872

8. AGE: Years	Months	Days	If less than one day
69 68	6	10	hr. min.

9. Birthplace Charles County Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Sister M. Teresa

(b) Address St. Frances Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1941 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery Location Fredrick Rd.

18 (a) Funeral director Mrs. B. G. Elliott Daughter

(b) Address 1129 N. Carolina St.

19 (a) (Date received by local registrar) APR 8 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1941, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apl. 1940, to April 7th 1941, and that I last saw h[illegible] alive on April 4th 1941.

Immediate cause of death	Duration
Cancer of Rectum	1 yr.
Metastatic embolism	
Due to	
Due to	
Other Conditions 4	

(Include pregnancy within 3 months of death)

Major findings: Of operations 4

Of autopsy 4

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Blessed M. D.

Address 730 E. Cabot St Date signed April 8th 41

F 79424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 79424 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3732 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) 4ye

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3732 Gough St (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Sterling Thomas Cushing

3 (b) If veteran, name war –

3 (c) Social Security Account No. 078-05-1120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Mar 21, 1903

8. AGE: Years	Months	Days	If less than one day
37 38	3	16	hr. min.

9. Birthplace Balto, Md. (Town, county and state)
10. Usual Occupation Utility Worker
11. Industry or business Steamed oil

FATHER
12. Name Joseph H. Cushing
13. Birthplace Westminster - Md

MOTHER
14. Maiden Name Lydia Yingling
15. Birthplace Westminster. Md

16 (a) Informant Gertrude Turner - Sister
(b) Address 3718 Gough St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John J. Finda
(b) Address 1829 Hudson St

19 (a) APR 8 1941 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1941, to 4/7 1941, and that I last saw h alive on 4/7 1941.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gordon M.D.
Address 3400 Date signed 4/7/41 M. D.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

79425

CERTIFICATE OF DEATH

46-8 # 79425

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Brooklyn av St. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Wenger

If U. S. Veteran specify WAR

(a) Residence: No. 3933 Brooklyn av St., ... Ward. Na. U. S. No - Sol.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Wenger

6. DATE OF BIRTH (month, day, year) Aug. 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	7	21	20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1941

11. Total time (years) spent in this occupation 50 40

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Louis Wenger

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Nagle

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mary C. Wenger (wife)

(Address) 3933 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross cem Date 4/9/41

19. UNDERTAKER L R Fleming

(Address) 1426 Light St

FILED Huntington Williams M.D. Registrar.

APR 8 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1941, to April 5, 1941

I last saw ~~him~~ alive on April 4, 1941. Death is said to have occurred on the date stated above, at 10 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	69 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. P. A. Stevens, M. D.

(Address) 2878 Hartford Rd

V6 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-A

F 79426 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E 32nd St or Home (Rural route location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Fleming

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Florence V. Fleming
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1868

8. AGE: Years	Months	Days	If less than one day
72	7	6	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Cashier P. O. Dept.
11. Industry or business

FATHER
12. Name Wm. H. Fleming
13. Birthplace Md

MOTHER
14. Maiden Name Anna Wolf
15. Birthplace Md

16 (a) Informant L. R. Fleming
(b) Address 1426 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Location Pikesville Md

18 (a) Funeral director Geo. L. Berger & Sons
(b) Address 1512 Pollock St

19 (a) Date received by registrar April 10 1941 (b) Registrar's signature Hattie G. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 7 1941, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 4 1941, to 4 - 1 1941, and that I last saw him alive on 4 - 6 1941

Immediate cause of death	Duration
Staphylococcal septicemia	
Due to Infection of prostatectomy site	
Due to	
Other Conditions Gen. arteriosclerosis, hypertension, and cerebral accident (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation Hypertrophied prostate
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Mearns M. D.
Address Univ. Hosp. Redwood & Greene Sts Date signed 4-7-41

MEARNS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 79427

79427

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 PARK AVE. St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA MARTHA EMMA ROBY.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2010 PARK AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Yates Roby

6. DATE OF BIRTH (month, day, year) May 12, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomfret, Md.

FATHER

13. NAME Robert Lee Huntt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Luckett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Ethel Roby Hayden
(Address) 2010 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL St. Joseph's ch. cemetery
Place Pomfret, Md. Date 4/10/41

19. UNDERTAKER Chas. J. Frauenhofer Sons
(Address) 118 W. Mt. Royal Ave.

20. FILED ..... 19.... Registrar.

Funeral to Pollicove, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 8 1941.

22. I HEREBY CERTIFY, That I attended deceased from MARCH 13 1941, to APRIL 8 1941,

I last saw her alive on APRIL 8 1941, Death is said to have occurred on the date stated above, at 11.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	1938.
MITRAL REGURGATION	1938.
ARTERIOR SCLEROSIS	1938.

Other contributory causes of importance:

CHRONIC INTERSTITAL NEPTHRITIS 1938

Was an operation performed? NONE. (REDUCTION) Date of

For what disease or injury? FRACTURE.

Name of operation REDUCTION.

What test confirmed diagnosis? CLINICAL. Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? deaned Date of injury 3/13/1941.

Where did injury occur? HOME.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury FRACTURE LEFT CLAVICLE.

Nature of injury FELL ON STEPS. in HOME.

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify .....

(Signed) Chas. F. Claudius M. D.

4/8/1941 (Address) 3013 SAINT PAUL STREET.

Howard J. Green M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

79428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 79428 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Landungton Ave (Rural subscription) Catonsville Md
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1863

8. AGE: Years	Months	Days	If less than one day
77 78	3	1918	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Washington Bauschoff

13. Birthplace

MOTHER 14. Maiden Name Hester Brown

15. Birthplace

16 (a) Informant Mrs. George F. Shaffer
(b) Address Landungton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10-41 (month) (day) (year)
(c) Cemetery or crematory Burns Hill
Location Waynesboro Pa

18 (a) Funeral director Albert W Deeter
(b) Address 440 E North Ave Hunting Williams, Md

19 (a) (Signature of registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941, to April 7 1941, and that I last saw Mrs. Adams alive on April 7 1941.

Immediate cause of death

Respiratory Failure

Due to Carcinoma - Rectum

Due to Generalized metastasis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. McClenny M. D.

Address Mercy Hosp Date signed 4-7-41

F. Please correct errors especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

79429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 79429

1. PLACE OF DEATH: West Balto Gen Hosp
(a) Baltimore City, Maryland
(b) Street address Druid Hill Ave & Bayview
(c) Hospital or institution: West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ~~Germany~~ 75 years

3 (a) FULL NAME August H. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sophie Dreves
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
81	---	--	-- hr. -- min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Henry Martin
13. Birthplace Germany

MOTHER
14. Maiden Name Anna -------
15. Birthplace Germany

16 (a) Informant Leonora T. Martin
(b) Address 2030 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. W. Mears Son
(b) Address 805 N. Calvert Street

19 (a) ~~Huntington Williams~~ (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 6-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941, to April 7 1941 and that I last saw h~~im~~ alive on April 7 1941.

Immediate cause of death Uremia
Pulmonary Edema — Duration 1 day

Due to Prostatic Hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic Hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 2238 Gt. Date signed April 7

VS 3

Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

79430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 79430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4312 Old York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 90 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4312 Old York Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Mary Alice Wade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John R. Wade

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1851

8. AGE: Years 90 | Months 2 | Days 15 | If less than one day -- hr. -- min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation -------

11. Industry or business -------

FATHER
12. Name J. Richard Wheatley
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Boulden
15. Birthplace Maryland

16 (a) Informant Mrs. Gertrude C. Ehrhart
(b) Address 4312 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

(a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941, at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1939 to April 6 1941, and that I last saw h[illegible] alive on April 6 1941.

Immediate cause of death	Duration
Acute myocardial failure	2 hrs.
Due to Arteriosclerotic Cardiac	20 yrs.
Due to Senility	20 yrs.
Other Conditions Lobar pneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy non

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide non
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? non
(e) Means of injury non

23. Signature H. W. Chaffee
Address 6210 York Rd. Date signed April 8 1941

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

F 79431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79431

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St

(c) Hospital or institution St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d

(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1309 E. Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Felicetti Birth - F 16138

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Sing.

6 (b) Name of husband or wife Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1940

8. AGE: Years	Months	Days	If less than one day
0	7	14	15 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name Salvatore Felicetti

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Nellie Brocchi

15. Birthplace Baltimore, Md.

16 (a) Informant Salvatore Felicetti

(b) Address 1309 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Wendell Hopper

(b) Address 3123 Harford Road

19 (a) APR 8 - 1941 (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1941, to Apr 7 1941, and that I last saw him alive on April 5 1941.

Immediate cause of death Pneumonia - Lobar — Duration 9 days

Due to Pneumococcus Bacteremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Kroncke M. D.

Address St Joseph's Hosp Date signed 4-7-41

VS 2

F 79432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 79432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2445 Westport St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---- --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2445 Westport St (If rural give location)
(e) Citizen of foreign country? es (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth - Furber- Mac

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Mac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 24 - 1888

8. AGE: Years 53 | Months 1 3 | Days 24 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Confectory Store

FATHER
12. Name Charles Spielman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary C Sherdy
15. Birthplace Baltimore Md

16 (a) Informant Mrs Clarence Zimmerman
(b) Address 2245 Westport St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Rd

18 (a) Funeral director Edward Tonesson
(b) Address 2359 Wash Blvd

19 Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-41 19 , at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to April 7 1941, and that I last saw h... alive on April 7 1941.

Immediate cause of death Carcinoma of Cervix — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schapf

Address 201 Annapolis Date signed 4/8/41

VS 3

CAUTION—THIS CERTIFICATE MUST BE FILLED OUT IN BLACK INK, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. It is especially important. Physicians: please write the causes of death clearly and legibly.

2937468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 48-W ✓ F 29433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 YR
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif (b) County
(c) City or town Los Angeles (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 St Paul Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma B Wilde

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Emile Wilde
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-80

8. AGE: Years 60 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Chicago Ill. (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name Fred Voeker
13. Birthplace Ill. Germany

MOTHER
14. Maiden Name Anna Nadler
15. Birthplace Ill. Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10, 41 (month) (day) (year)
(c) Cemetery or crematory Fairview Cemetery
Location Westfield, New Jersey

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Date [illegible] (b) [illegible] Millinery
(Date rec'd by registrar) (Signature of registrar)

APR 2

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1941, at 4.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 25 1940, to APR 8 1941, and that I last saw her alive on APR 8 1941.

	Duration
Immediate cause of death: Bronchopneumonia terminal	2 days
Due to: Carcinoma of cervix, vulva & vagina with metastases	8 years
Due to: Hemiplegia right due	1 week
Due to: (c) to Cerebral metastases	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4-4-40
Major findings of operation: Carcinoma of vulva and cervix and vagina
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J Bennett M.D.
Address Hopkins Hosp. Date signed 4/8/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITER, WITH UNFADING INK.

H 79434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 79434 Registered No.

Use typewriter, with INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2139 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2139 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion L. Dixon

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-05-8771	Female	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	11	11		

9. Birthplace Frederick, Co. Md. (Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Levy Straw Hat Co.

FATHER
12. Name Frederick A. Dixon
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Mary L. Mealey
15. Birthplace Frederick, Co. Md.

16 (a) Informant Mrs. Reuben Lease
(b) Address R.F.D. #1 Thurmont, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Central
Location Frederick, Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves. Balto.

19 (a) (Signature of registrar) Huntington Williams M.D.
(b) Date received APR 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1941 .5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1941 to April 6 1941, and that I last saw h[illegible] alive on April 5 1941.

Immediate cause of death
Carcinoma of Liver — Duration 4 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Gray M. D.
Address 6777 Penna Ave Date signed

79435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E F 79435 Registered No.

Type or print in INK. Every item of information should be carefully supplied. Do not use pencil, nor write over printing. Use UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 Tunbridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Tunbridge Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES SEIP STOUT

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Inez Kirk Stout
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 13, 1885
8. AGE: Years 55 | Months 5 | Days 24 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Division Frt. Agent
11. Industry or business Balto. & Ohio R. R.

FATHER
12. Name Samuel Stout
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Zenobia Jenkins
15. Birthplace Alexandria, Virginia

16 (a) Informant Mrs. Inez K. Stout
(b) Address 313 Tunbridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) (Date received by Local Registrar) (b) Registrar

APR 8 1941 Hayden Williams
VS 3

8 19204

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1941, to 4-7 1941, and that I last saw him alive on 4-7 1941.

Immediate cause of death Cerebral embolism -
Due to regetation from heart
Due to Streptococcus viridans endocarditis -
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 87 W. Preston St Date signed 4-8-41

79436

SS 64771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 E 79436 Registered No.

Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabel Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
38	10	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Daniel Grayson (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Matt (c)
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1941 (month) (day) (year)
(c) Cemetery or crematory Petersville Cemetery
Location Petersville, Frederick County Md.

18 (a) Funeral director Jesse S. Dailey
(b) Address Halpers Ferry W. Va.

19 (a) (Date rec'd by registrar) (b) Huntington Maryland

APR 30 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1941, to 4-7 1941, and that I last saw h[illegible] alive on 4-7 1941.

Immediate cause of death Myocardial infarction — Duration 1 wks
Lobar pneumonia — 2 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Rutherburn M. D.
Address Balto. City Hosp. Date signed 4-8-41

F 79437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

424-B

F 79437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Dr.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo's
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo's

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Berlin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Edward Griffin
3 (b) If veteran, name war None
3 (c) Social Security Account No.
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife Virginia Maye Cambell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/4/1908
8. AGE: Years 33 Months 3 Days 4 If less than one day hr. min.
9. Birthplace Newark, Md (Town, county, and state)
10. Usual Occupation Coast guard.
11. Industry or business
FATHER 12. Name Geo. H. Griffin
13. Birthplace Md.
MOTHER 14. Maiden Name Minerva [illegible] mons
15. Birthplace Md.
16 (a) Informant Geo. H. Griffin
(b) Address Berlin, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 11 1941 (month) (day) (year)
(c) Cemetery or crematory Newark Cemetery
Location Newark, Md.
18 (a) Funeral director J. W. Burbage
(b) Address Berlin, Md.
19 (a) Date received by registrar APR 9 1941 (b) Registration No. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 4:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1941, to April 8 1941, and that I last saw h[illegible] alive on April 8 1941.

Immediate cause of death: Terminal Bronchopneumonia — Duration 8 d.
Due to: Hodgkins Disease — 1 yr 2 mo's
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. D. Duncan M. D.
Address 25 Marine Hosp, Balt Date signed 4-8-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 79438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79438 Registered No. 122-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1023 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Howard Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10

8. AGE: Years	Months	Days	If less than one day
1	6	—	hr. min.

9. Birthplace Chicago - Ill (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER 12. Name William Howard Alexander
13. Birthplace Watertown - Tenn

MOTHER 14. Maiden Name Madeline Elliott
15. Birthplace Middletown - Va

16 (a) Informant Mrs. Madeline Alexander
(b) Address 1023 Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Middletown, Va.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941, to 4-8 1941, and that I last saw h[illegible] alive on 4-8 1941.

Immediate cause of death	Duration
Acute Leukemia Intussusception Obstruction	4 days
Due to Intussusception	
Due to	
Other Conditions Enlarged Glands Liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations Intussusception
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Franklin Ashby-Hammond, M. D.
Address 1517 Division St Date signed 4/8/41

Please answer as especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 79439

F 79439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 52-C

1. PLACE OF DEATH 1823 Edmondson

Registered No. 30-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Martha Minghini

If U. S. Veteran specify WAR .....

(a) Residence: No. 1823 Edmondson A St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B.B. MINGINI

6. DATE OF BIRTH (month, day, year) DEC. 3, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. VA.

FATHER

13. NAME ROBERT WOOD

14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER

15. MAIDEN NAME CATHERINE JOHNSON

16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMANT VALLEY FRITEY

(Address) 1823 EDMONSON AVE

18. BURIAL, CREMATION, OR REMOVAL

Place SHANAHAI Date 4 - 8 1941

19. UNDERTAKER F.C. HIGINBOTHOM

(Address) ELLICOTT CITY MD

20. FILED APR 9 - 1941 Emily Tow Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1941

22. I HEREBY CERTIFY, That I attended deceased from November 1940 to April 8th 1941

I last saw h[illegible] alive on April 8th 1941 Death is said to have occurred on the date stated above, at 7.05 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Cancerous Metastasis Primary in the Uterus — Date of onset .....

Other contributory causes of importance: Anaemia and Secondary infection

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Paul Byerly M. D.

(Address) 3045 W. North Ave Baltimore Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 79440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-a Registered No.

F 79440

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2532 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara W. Stockham

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Grant Stockham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21st 1864

8. AGE: Years	Months	Days	If less than one day
77	0	16	hr. min.

9. Birthplace Camden N. J. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business None

FATHER
12. Name James Harrington
13. Birthplace New Jersey

MOTHER
14. Maiden Name Abigail Lippincott
15. Birthplace New Jersey

16 (a) Informant Mrs. C. Stockham
(b) Address 2532 N. Charles St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-9-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Bork
(b) Address 1217 E. Lanvale St

APR 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1941. 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941 to April 7 1941 and that I last saw her alive on April 6 1941

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr

Due to: Mitral Regurgitation, Fibrosclerosis — Duration: 6 days

Due to:

Other Conditions: Aortic Sclerosis, Chronic Interstitial Nephritis — Duration: 6 Ds

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Thomas M. D.
Address 2878 Harford Av Date signed 4-7-41

F 79441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E

F 79441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 E 31st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack P Plummer

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 214-14-2616

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Evelyn Plummer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30 1913

8. AGE: Years 28 | Months 0 | Days 7 | If less than one day: hr min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: John Wesley Plummer
13. Birthplace: Unknown

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Mary E. Plummer
(b) Address: 416 E. 31st St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4-10-41 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Parkville Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

(a) Date received by Registrar: APR 9 - 1941 (b) Registrar: [illegible] for Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1941, at 4:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: During the administration of an anesthetic

Due to: Nitrous Oxide.

Due to:

Other Conditions: Coryza, Frontal Edema & lungs & other viscera.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 4-7-41 12:45
(c) Where did injury occur? Fremont & 32nd St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Specify type of place) Was he at work? Yes
(e) Means of injury: While Extracting Teeth.

23. Signature: [illegible] M.D. Medical Examiner
Date signed 4-8-1941

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

79442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 79442 Registered No.

Type or PRINT PLAINLY IN PERMANENT BLACK INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 ~~Orleans~~ St. DEXTER (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis A. Deibel

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-01-0028

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Deibel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 5-1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	10	4		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Machine operator
11. Industry or business Copper-Brass Co

FATHER
12. Name Wm Deibel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Louis A. Deibel Jr
(b) Address 2807 Clifton ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/9/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A.A.Co.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul st

19 (a) APR 9 1941 (Date Rec'd by Registrar) (b) Huntington Pilliard (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-1941, at 7:20 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Artery Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malpass M.D. Medical Examiner
Date signed 4-8-41

F 79443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D F 79443 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Catharine Matilda Krieger

3 (b) If veteran, name war	3 (c) Social Security Account No. none
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Nicholas Krieger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1854

8. AGE: Years	Months	Days	If less than one day
86	3	29	hr. min.

9. Birthplace Germa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Dicker
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Workman
15. Birthplace Germa

16 (a) Informant Elmer Krieger
(b) Address 1604 E 25 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Catonsville Md

18 (a) Funeral director Mathews & Boyd
(b) Address 1217 E Lombard St

19 (a) APR 9 - 1941 (Date rec'd by registrar) (b) by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1941, at 5:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941 to Apr 8 1941 and that I last saw h. er alive on Apr 6 1941.

Immediate cause of death Chronic Valvular Heart Disease. — Duration 6 yrs.
Due to (age) Contributory Causes — .
Due to — .
Other Conditions Arthritis Ch. Hypostatic Pneumonia — 20 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry H. Boyd M.D.
Address 2020 N. Charles Date signed 4/8/41

VS 3

F 79444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 186-a

F 79444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Berarsly Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Schraudner

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 1879

8. AGE: Years 61 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Fred. J. Schraudner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schraudner
15. Birthplace Germany

16 (a) Informant Barbara Baumann-Margaret Callahan
(b) Address 3106 Berarsly Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Mrs. M. Kriegel
(b) Address 7110 Belair Rd.

19 APR 9 — 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1941, to 4-7 1941, and that I last saw him alive on 4-6 1941.

Immediate cause of death: Pneumonia — possibly Cerebral accident — Duration: 2 mos. 2 days

Due to: Hypertension & Chronic Nephritis — Duration: years

Due to:

Other Conditions: Fractured leg, left. — Duration: 4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-3-41 at 4-7 M
(c) Where did injury occur? Baltimore (City or town) Hospital (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Slipped on floor + fractured left leg.

23. Signature R. Cunningham
Address Univ. Hosp. Date signed 4-7-41 M. D.

Howard J. Nueslen M.D.

V8 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—6-8-19—H. P. Co.—1000 Blks.

F 79445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79445

CERTIFICATE OF DEATH. ✓ 48-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6017 Holabird ave., ST.; WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie G. Shaw

(a) RESIDENCE. No. 6017 Holabird ave.. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state EXACTLY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry

6 DATE OF BIRTH (month, day, and year): January 6, 1885

7 AGE: Years 56 Months 3 Days 3 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Goshen Virginia

PARENTS

10 NAME OF FATHER: Robert C. Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rockbridge County, Va.

12 MAIDEN NAME OF MOTHER: Etta R. Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rockbridge County, Va.

14 Informant: J. A. Benson

(Address): Clifton Forge, Virginia

15 Filed ..., 19... Registrar

APR 9 - 1941

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9, 1941

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1940, to April 9, 1941, that I last saw h[illegible] alive on April 8, 1941, and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hagerstown, Md.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) A.H. Reves, M. D.

4/9, 1941 (Address) Dundalk Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roe Hill Hagerstown — DATE OF BURIAL: 4/12 19[illegible]

UNDERTAKER: A.K. Coffman — ADDRESS: Hagerstown Md

79446

cc 54602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1107

F 79446

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PERMANENTLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1602 E. Fort Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Thomas Malone

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7019

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1880

8. AGE: Years 60 | Months 7 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Ship yard worker

11. Industry or business Unemployed

FATHER

12. Name Thomas (d)

13. Birthplace Balto.

MOTHER

14. Maiden Name Mary Casey (d)

15. Birthplace Ireland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (month) (day) (year)

(c) Cemetery or crematory Holy Cross (Hanford Rd)

Location Baltimore, Md

18 (a) Funeral director Leonard J. Covington

(b) Address 21 W. 25th St

19 (a) APR 3 1941 (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6- 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10- 1940, to 4-6- 1941, and that I last saw him alive on 4-6- 1941.

Immediate cause of death: Bronchopneumonia — Duration 1 wk

Due to: Gen. A-5. — Duration ?

Due to: — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature]

Address Balto City Hosp. Date signed 4-7-41 M.D.

F 79447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 79447 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 McElderry St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

5 1

3 (a) FULL NAME Cecil H. Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 18th 1893

8. AGE: Years 47 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Kingston Jamica B. W. I. (Town, county, and state)

10. Usual Occupation Moving & Hauling

11. Industry or business Self

FATHER
12. Name Uriah Lewis
13. Birthplace B. W. I.

MOTHER
14. Maiden Name Mary J. Harrison
15. Birthplace B. W. I.

16 (a) Informant Viola Lewis
(b) Address 1216 McElderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn a. a. co. Md.

18 (a) Funeral director Belfont & Jamison H. Wright
(b) Address 1218 McElderry St

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

APR 3 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1941, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to April 4 1941, and that I last saw him alive on April 4 1941.

Immediate cause of death	Duration
Chronic Parenchymatous Nephritis	Probably 3 mos.
Due to Uremia	3 days
Due to	
Other Conditions Aortic Insufficiency and Arteria Sclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Young, M.D.
Address 1429 E Monument Date signed 4/6/41

F 79448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79448 Registered No. 108

The items of information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Use black ink, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3429 Falls
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3429 Falls Road (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Altoona Parts Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Charles H. Fisher
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 3-1860

8. AGE: Years	Months	Days	If less than one day
80	10	4	hr. min.

9. Birthplace Waynesboro Pa. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Parts
13. Birthplace Waynesboro Pa.

MOTHER
14. Maiden Name Elizabeth Algire
15. Birthplace Hempstead Md.

16 (a) Informant Mrs O Da Bortner
(b) Address 2413 Brambleton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director R. S. Marshall
(b) Address 3539 Falls Road

19 (a) (Date rec'd by registrar) APR 13 1941 (b) H. W. Lee Williamson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1941 to April 7 1941 and that I last saw h.r alive on April 7 1941

Immediate cause of death: Right Lobar Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Wilson M. D.
Address 617 W 40th St Date signed 4/8/41

F 79449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Carsdale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Annie Noron OR Naron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Late Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Aaron
13. Birthplace Russia

MOTHER 14. Maiden Name Mildred
15. Birthplace Russia

16 (a) Informant Louis Naron
(b) Address 3502 Carsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 9 (day) 41 (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North Ave

19 (a) [illegible] (b) Hamilton [illegible] Williams

APR 9 1941
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 1125a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Apr. 9 1941, and that I last saw h[illegible] alive on April 9 1941.

Immediate cause of death: Arterio Sclerosis
Lobar pneumonia — Duration

Due to:

Due to:

Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: — None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Kahn M. D.
Address 2306 Eutaw Place Date signed 4-9-41

F 79450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No.

F 79450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Tatum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Isaiah Murdock
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant John Gordon
(b) Address 707 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location Baltimore Md.

18 (a) Funeral director Mrs. Vance A. Hussey
(b) Address 578 N. Bradford St.

APR 9- 1941 (a) (b) Huntington Williams
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, st. tibia & fibula
Secondary pneumonia

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/29/41
(c) Where did injury occur? Corey Ave Somerset
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature W. B. Vandiver M.D.
Medical Examiner.
Date signed 4/7/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79451

Registered No.

Please write PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1101 Etting

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1101 Etting (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Burdick Mosell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Negro	Widowed

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1890

8. AGE: Years	Months	Days	If less than one day
50	7	21	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W.P.A.

FATHER — 12. Name Burdick Mosell

13. Birthplace Md.

MOTHER — 14. Maiden Name Mary White

15. Birthplace Md.

16 (a) Informant Laura Smith

(b) Address 1101 Etting St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-9-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A Habel Jr.

(b) Address 9 S Bond St

19 (a) (b)

APR 9 1941

(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1941 to April 7 1941.

and that I last saw h alive on April 7 1941.

Immediate cause of death Cerebral Hemorrhage

Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A Habel Jr.

Address 75 Bond Date signed 4/8 1941

F 79452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 79452

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Yorkway Lindath
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Stinnin (SINNER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/41

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Md —
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James L Stinnin
13. Birthplace

MOTHER
14. Maiden Name Martha
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 1941
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address Per M. A. Magers for Williams, Inc.

19 APR 9 1941 (b) Registrar
(Date received by registrar)

VS 8

6389

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941, to 4-7-1941, and that I last saw her alive on 4-7 1941.

Immediate cause of death Prematurity — Duration Life

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address J. H. H. Date signed 4-8-41

79453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 79453

Registered No.

Every item of information should be carefully supplied. THE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 244 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Altvater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-69

8. AGE: Years	Months	Days	If less than one day
71	9	22	hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Shoe Shiner

11. Industry or business

FATHER
12. Name Charles Altvater
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location APR 9 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Reese

19 (a) APR 9 1941 (Date received by registrar) (b) Hunter for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 3 1941 at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1941 to 4-3 1941 and that I last saw him alive on 4-3 1941.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertens. C.V. disease

Due to

Other Conditions Pulmonary Tbc

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Tiernay
Address Johns Hopkins Date signed 4-3-41

VS 3

(-39)

F 79454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 79454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 Carroll st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Carroll st (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Andrew J Whitlock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/14/1864

8. AGE: Years	Months	Days	If less than one day
76	10	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Pleasant Whitlock
13. Birthplace Va.

MOTHER 14. Maiden Name Elizabeth Miller
15. Birthplace Va.

16 (a) Informant Bessie Whitlock
(b) Address 818 Carroll st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director Cambone Bros.
(b) Address 1447 Franklintown rd

18 (a) [illegible] 1941 (b) Huntingtop Williamsport (Registrar) Registrar

APR 9 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-1941, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1940 to 4-7-1941.
and that I last saw h[illegible] alive on 4-7-1941.

Immediate cause of death Myocardial Failure

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J Golas M. D.
Address 876 Walbrook Ave Date signed 4/8/41

Street age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 79455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 79455 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hendrick, (Eaton) ESTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give [illegible]

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
78	1	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business Old age Pension

FATHER
12. Name Madison
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Trent
15. Birthplace Virginia

16 (a) Informant Keeper
(b) Address City Hosp

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Josephus Halstead
(b) Address 918 Druid Hill ave.

19 (a) APR 9 1941 (Date received by Registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1941, at 3:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-6 1941, and that I last saw h[illegible] alive on 4-6 1941.

Immediate cause of death Carcinoma of kidney = metastasis — Duration 2yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert jr. M. D.
Address Baltimore City Hosp. Date signed 4-7-41

79456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4813 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) - - -
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4813 Fleet St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR GODKIN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	213-09-2413	Male	White	Married

6 (b) Name of husband or wife Mary E. Godkin
6 (c) If alive, give age 55? years

7. Birth date of deceased (mo., day, yr.) Dec. 22. 1877

8. AGE: Years	Months	Days	If less than one day
33	3	15	hr. min.

9. Birthplace Liverpool England (Town, county, and state)
10. Usual Occupation Supt. Ship yard
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name ? Goodkin
13. Birthplace England

MOTHER
14. Maiden Name Not Known
15. Birthplace England

16 (a) Informant Mrs. Mary E. Godkin
(b) Address 4813 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC. Per A. Sander
(b) Address North Ave. & Broadway.

19 (a) APR 9 - 1941 (Date rec'd by Registrar) (b)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7. 1941 at 4.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6th 1940. to April 7 1941.
and that I last saw h.im alive on April 6 1941.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Tod M. D.
Address 4616 Eastern Ave Date signed 4/7/41

Huntington Pittsburg Pa.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 18 ✓

F 79457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mds. Bon. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 N. Gilmor Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wallace

3 (b) If veteran, name war –

3 (c) Social Security Account No. 218-09-8009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Maude Wallace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Weldon N. C. (Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Standard Phosphate Co

FATHER
12. Name Charles B. Wallace
13. Birthplace N. C

MOTHER
14. Maiden Name Carrie Long
15. Birthplace N. C.

16 (a) Informant J. B. Wallace
(b) Address 821 - W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-41 (month) (day) (year)
(c) Cemetery or crematory Twilight
Location Weldon N. C.

18 (a) Funeral director William A. Jackson
(b) Address 916 - Penn. Ave.

19 (a) (Date received by registrar) (b) Registrar

APR 3 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1941, at 4:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suppuration — Duration

Due to Cancer of prostate abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-7-1941 2:30 P.M.
(c) Where did injury occur? Standard Chemical Phosphate Co. Curtis Bay Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Caught by cars in P. Phosphate (Stone, Tool, etc.)

23. Signature Howard J. Sheridan M.D.
Medical Examiner.
Date signed 4-8-1941

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 79458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 230 Harrison St
(b) Street address Balto md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 230 Harrison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Corina Davis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Owen Davis
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 1901
8. AGE: Years 40 | Months — | Days — | If less than one day ____ hr. ____ min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Walden Mackell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lula Green
15. Birthplace North Carolina

16 (a) Informant Lula Gunthrop
(b) Address 230 Harrison St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18 (a) Funeral director J. A. Rhodes
(b) Address 1463 N. Carey St.
19 Date rec'd by registrar Apr. 9, 1941 (b) by Wm. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1941, at 12 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-1941 to 4-7-1941, and that I last saw h[illegible] alive on 4-7- 1941.

Immediate cause of death: Cardiac Decompensation due to Cardiac Arteriosclerosis — Duration: probably 2 yrs 4 mos duration over
Due to ____
Due to ____
Other Conditions Pulmonitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury
23. Signature W. B. Boyking MD
Address 1312 Stricker Date signed 4/8/41

VS 3

Caution: Every question must be answered, or information should be carefully supplied. The following items are especially important. Physicians: please write the causes of death clearly and legibly.

F 79459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 79459

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 N. Strieker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs. 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 N. Strieker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleonora Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife Thomas Goodman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1884

8. AGE: Years	Months	Days	If less than one day
56	10	23 22	hr. min.

9. Birthplace A. A. County Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles Peters
13. Birthplace AA Co. Md.

MOTHER
14. Maiden Name Sallie
15. Birthplace A. A. Co Md.

16 (a) Informant Mamie Goodman
(b) Address 1339 N. Strieker St

17 (a) Burial (b) Date thereof 4/10/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. E. Nelson
(b) Address 1303 Pontman St

APR 9 1941 Huntington Williams
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1940 to 4/7 1941, and that I last saw her alive on 4/6 1941.

Immediate cause of death Uraemia 2 Days.

Due to Hypertension

Due to Nephritis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David J. Buckley

Address 1 Ver Lee Date signed 4/8/41

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 79460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St
(c) Hospital or Institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Custis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-9643

4. Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1920

8. AGE: Years 70 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Custis
13. Birthplace Va

MOTHER
14. Maiden Name Cornelia Gunnell
15. Birthplace Va

16 (a) Informant Cornelia Custis
(b) Address 1226 Stricker St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Geo. T. Kelson
(b) Address 303 Presstman

APR 9 - 1941 (Date rec'd by registrar) Thos. H. Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1941 to 4-8 1941, and that I last saw h[illegible] alive on 4-8 1941.

Immediate cause of death: Left Lobar Pneumonia — Duration: 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kypanka M. D.
Address St Joseph's Hosp Date signed 4-8-41

F 79461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A F 79461 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Eutaw Place, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Williams

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217-03-9511

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 17, 1890

8. AGE: Years 50 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Millville, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Cummings Construction Co.

FATHER
12. Name William Steward
13. Birthplace

MOTHER
14. Maiden Name Tempie Williams
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial Auth (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crem Mt Carmel
Location Mt Olivet
18 (a) Funeral director Geo. G. Kelson
(b) Address 634 3 Pratt
19 (a) APR 9 1941 (Date rec'd by registrar) Registrar M. C.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1941, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31, 1941, to April 8, 1941, and that I last saw him alive on April 8, 1941

Immediate cause of death	Duration
Myocardial infarction	2 wks.
Due to Coronary arteriosclerosis	Unknown
Due to	
Other Conditions Multiple infarctions of lungs	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J C Cumm M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 4/9/41

VS 8

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The accuracy is important.

F 79462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

F 79462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Philip Peter Daugherty

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie Dougherty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1876

8. AGE: Years 62 Months 11 Days If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Edward Dougherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McShane
15. Birthplace Ireland

16 (a) Informant Nellie Dougherty
(b) Address 2744 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 11 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Chas. H. Grauel & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

APR 9 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 · 8 · 1941 at 3:52 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 · 25 · 1941 to 4 · 8 · 1941, and that I last saw him alive on 4 · 8 · 1941.

	Duration
Immediate cause of death: Hypertensive cardio-vascular disease	5 years
Due to:	
Due to:	
Other Conditions: Lobar pneumonia + renal insufficiency (Include pregnancy within 3 months of death)	2 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Peace M. D.
Address Date signed

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

F 79463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-c F 79463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Ardmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Dignan Birth F 26 188

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1941

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Richard Gordon Dignan
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Palm
15. Birthplace Baltimore Md.

16 (a) Informant Richard Gordon Dignan
(b) Address 213 Ardmore Ave City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9th 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Q. A. Lot

18 (a) Funeral director Charles F. Dill.
(b) Address 150 [illegible] Ave Baltimore, Md.

19 (a) APR 9 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941, to April 8 1941, and that I last saw h[illegible] alive on April 8 1941.

Immediate cause of death Hemolytic Icterus Disease Newborn — Duration: Life 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A Dodd

Address Mercy Hospital Date signed 4/8/41

VS 3

F 79464
Born at Provident

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119 aF 79464 #4
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Royster (Birth F 22046)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1 — 28 — 41
8. AGE: Years | Months | Days 18 17 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business
FATHER 12. Name Rufus Royster
13. Birthplace Virginia Va.
MOTHER 14. Maiden Name Mattie Tucker
15. Birthplace Mecklenburg County Va
16 (a) Informant Mrs Mattie S Royster
(b) Address Dundalk Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1941 (month) (day) (year)
(c) Cemetery or crematory Pleasant View Memorial Gardens
Location Tepar, Md.
18 (a) Funeral director John H Connelly
(b) Address 418 Eastern Ave.
19 (a) March 3 (Date recd by registrar) (b) John H Connelly Registrar
APR 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 — 7 — 1941, at 10.20 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 1 — 20 — 1941, to 2 — 7 — 1941, and that I last saw h alive on 2 — 7 — 1941.

Immediate cause of death: Marasmus
Due to (Parasitism Vomiting Since Birth)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. B. Butler M. D.
Address Provident Hospital Date signed 4/10/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 79465 ✓ F 79465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Rural - Woodbine
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1. Box 144. Woodbine
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Irvin Dennis Dorsey Jr Birth F 26123

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: AA

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 2½ | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Irvin Dennis Dorsey Sr
13. Birthplace Cooksville Md

MOTHER
14. Maiden Name Lillie Mae Howard
15. Birthplace Daisy, Md

16 (a) Informant Lillie Mae Dorsey
(b) Address Rt I Box 144 Woodbine Md.

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location .....

18 (a) Funeral director .....
(b) Address .....

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

APR 9 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1941, at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 - 1941, to 4-2-1941, and that I last saw him alive on 4-2-1941.

Immediate cause of death: Congenital Atelectasis — Duration 2½ days

Due to .....

Due to .....

Other Conditions: Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Congenital Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature [signature]

Address Baltimore Md Date signed 4/4/41 M. D.

(Over)

F 79466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79466

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 N. Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Vincent Kuah

3 (b) If veteran, name war

3 (c) Social Security Account No. None K.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25. 1914

8. AGE: Years	Months	Days	If less than one day
27 Yrs.	1	13	hr. min.

9. Birthplace A. A. Co. Maryland (Town, county, and state)

10. Usual Occupation Jr. Waiter

11. Industry or business

FATHER
12. Name Vincent Kuah.
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Maggie Johnson.
15. Birthplace A. A. Co. Md.

16 (a) Informant Army Robbins
(b) Address 1326 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location Brooklyn - Balto. Co. Md.

18 (a) Funeral director Chas J. Alexander
(b) Address 927 N. Howard St

APR 9 — 1941 (Date rec'd by registrar) Hume H. Long for Willis McCready M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1941, at 5 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 19 41, to 4-8 19 41 and that I last saw him alive on 4-8 1941.

Immediate cause of death
Acute Miliary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 month?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Rosenden M. D.
Address President Hospital Date signed 4-8-41

VS 8

79467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79467 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melton A. Webb

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cecelia Webb

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 1. 1864

8. AGE: Years 76 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county and state)

10. Usual Occupation Retired Huckster

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Cecelia Webb
(b) Address 836 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Jos. Sons. John W. Geisel & Son
(b) Address 801 W. Fayette St.

19 (a) APR 9 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941 to April 8 1941, and that I last saw h... alive on ... 19...

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Arteriosclerotic Cardio-Vascular disease — years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address A S Waitz Date signed 4/8/41

79468 RIPPEON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6 ✓ F 79468 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Hannie Rippeon
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife John Rippeon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 30, 1874

8. AGE: Years	Months	Days	If less than one day
66	7	6	hr. min.

9. Birthplace Md. Howard Co. (Town, county, and state)
10. Usual Occupation house work
11. Industry or business herself

FATHER
12. Name Jarrett Gaither
13. Birthplace Howard County

MOTHER
14. Maiden Name Henrietta Macklin
15. Birthplace Howard County

16 (a) Informant William Trautmann
(b) Address 4807 Hader Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10, 41 (month) (day) (year)
(c) Cemetery or crematory Ashland Cem.
Location Ashland, Md.

18 (a) Funeral director Roland L. Fenkle
(b) Address 612 N. Monroe St

19 APR 9 1941 (Date rec'd by Local Registrar) Hamilton Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 19 41, at 8:55 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 19 41 to 4-6 19 41, and that I last saw h CF alive on 4-6 19 41.

Immediate cause of death Congestive Heart Failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions Fever

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl Parks M. D.
Address St Agnes Date signed 4/6

F 79469 Ritz

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 79469 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Endowood Sanatorium (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank L. Ritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife Mamie Ritz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2. 1897

8. AGE: Years	Months	Days	If less than one day
43	5	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business

FATHER
12. Name Charles F. Ritz
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Maryland

16 (a) Informant U.M.H. Rec'ds
(b) Address 33 & Calvert Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

APR 9 - 1941 (Date rec'd by registrar) Baltimore, Md. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to April 8 1941, and that I last saw him alive on April 8 1941.

Immediate cause of death Tularemia — Duration

Due to Tuberculous empyema, left side.

Due to Bilateral pulmonary tuberculosis

Other Conditions Thoracoplasty, 3 wks Post operative. Cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pulmonary tuberculosis

Of autopsy Tuberculous empyema, bilateral pulmonary tuberculosis, chronic tuberculous laryngitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 4-8-41

79470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79470 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2340 Annapolis Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 Annapolis Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK A. HARR

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1866

8. AGE: Years	Months	Days	If less than one day
75	3	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James W. Harr
13. Birthplace

MOTHER
14. Maiden Name Joanna Touey
15. Birthplace Howard Co., Md.

16 (a) Informant Mrs. Margaret J. Miller
(b) Address Ellicott City, Md. R.F.D. #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

APR 9 1941 (Date rec'd by Registrar) (b) Washington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941, at 2:50P

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to April 7, 1941, and that I last saw him alive on April 7, 1941.

Immediate cause of death: Coronary Thrombosis — Duration: April 7 1941

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schonfeld

Address 2301 Annapolis Rd Date signed April 8, 1941

E 79471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B ✓ Registered No. E 79471

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINTING, WITH INDELIBLE INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 Harford Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Harford Appler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ada Lee —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3-1878

8. AGE: Years	Months	Days	If less than one day
62	11	4	hr. min.

9. Birthplace Columbus, Ohio (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Womans Hospital

FATHER
12. Name Unknown - Appler
13. Birthplace Columbus, Ohio

MOTHER
14. Maiden Name Unknown
15. Birthplace Columbus, Ohio

16 (a) Informant Mrs. Rena R. Rowbus
(b) Address 3516 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 10 '41 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Loyola Ave & City Line

18 (a) Funeral director E. B. Tippett & Son
(b) Address 1500 Gilmor Place Huntingtown Williams, Md.

APR 9 1941 (Date rec'd by Registrar) (by) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7. 1941, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1938 to April 7 1941 and that I last saw him alive on April 6 1941.

Immediate cause of death: Myocardial Insufficiency — Duration 3 yrs 2 mos
Due to: Arteries — 1 yr 2 mos
Due to: Thrombosis of Portal Vein — 1 mo
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence, at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Billups M. D.
Address 2224 W. North Ave Date signed 4/7/41

Del G. W. Billups.

79472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 79472

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43
(c) Hospital or institution: South Balt. General Hospital Jan 28/41
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co
(c) City or town Churchton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Burton Markell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-7700

4. Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Churchton, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Markell
13. Birthplace Md

MOTHER 14. Maiden Name Rosie Markell
15. Birthplace Md

16 (a) Informant Bernard Hardesty
(b) Address Galesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 12 41 (month) (day) (year)
(c) Cemetery or crematory Franklin
Location Churchton Md

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Galesville Md

19 (a) APR 9 1941 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 12 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1941, to April 8 1941, and that I last saw h[illegible] alive on April 8 1941.

Immediate cause of death: Uremia — Duration: 2 hrs.

Due to: Heart failure

Due to: Rheumatic Heart Disease

Other Conditions: Secondary anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. [illegible]

Address Sp Balto. Gen. Hosp. Date signed 4/8 1941

VS 8

79473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 79473

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 E. Cahuet St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Rising Sun
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Berta Kidd Terry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Richard G. Terry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1875

8. AGE: Years 65 | Months 11 | Days 9 | If less than one day hr. min. 18

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Mr. Summerfield Kidd
13. Birthplace Maryland

MOTHER
14. Maiden Name Miss Eliza Baker
15. Birthplace Maryland

16 (a) Informant Mrs. Charles Judge Jr.,
(b) Address 3916 Elmwood Ave

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof April 13 1941
(month) (day) (year)
(c) Cemetery or crematory Hopewell
Location Rutrich Port Deposit Md.

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun, Md.

19 APR 9 — 1941 (b) Hunter for Williams, M.D.
(Date Rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 3:53 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1941, to Apr. 9 1941, and that I last saw her alive on Apr. 9 1941.

Immediate cause of death Rupture
1 (Disease causing death) Aortic aneurism
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Ruptured Aortic aneurism

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M.D.
Address Union Memorial Hosp. Date signed 4/9/41

VS 3

F 79474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79474 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3246 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3246 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Enoch H Roland

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Florence
6 (c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): May 23 1864
8. AGE: Years 76 Months 10 Days 15 If less than one day hr. min.
9. Birthplace: Kent Co Md (Town, county, and state)
10. Usual Occupation: Mechanic Retired
11. Industry or business: Balt Gironet Co

FATHER
12. Name: Enoch M Roland
13. Birthplace: St Mary Co Md

MOTHER
14. Maiden Name: Mary A Kenter
15. Birthplace: Kent Co Md

16 (a) Informant: Florence E Roland
(b) Address: 3246 Keswick Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Co Md
18 (a) Funeral director: Wilhelm & Cook
(b) Address: 1 East Preston St
19 (a) APR 10 1941 (Date rec'd by registrar) Registrar for Williams (b) Registrar's No. 1477

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to April 8 1941 and that I last saw deceased alive on April 7 1941.

Immediate cause of death
Due to Hypertensive Cardio Vascular Disease
Due to Carcinoma of Colon
Other Conditions

Duration: 1 yr, day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D Kleinman M.D. M. D.
Address 1 E Preston St Date signed

VS 3

Howard D Kleinman M. D.

F 79475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 79475 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 27-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Oakford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma C Brillhart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	wh	Married

6 (b) Name of husband or wife Henry J. Brillhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1897

8. AGE: Years	Months	Days	If less than one day
44	3	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William D. Benson
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Ada Gladman
15. Birthplace Washington D.C.

16 (a) Informant Henry J. Brillhart
(b) Address 3011 Oakford Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

APR 10 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941 at 7:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Intestinal obstruction due to post operative adhesions	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandeknight M.D. Medical Examiner.
Date signed 4/9/41

F 79476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 79476 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Hart St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Hart St 2nd floor (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Joseph Pierce Birth F26489
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 6-41

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md (Town, County, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles E Pierce
13. Birthplace Balto Md

MOTHER
14. Maiden Name Helen Mack
15. Birthplace Balto Md

16 (a) Informant Helen Pierce
(b) Address 1525 Hart St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozgiewski
(b) Address 1930 Eastern Ave

19 (a) 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 5:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandegrift M.D. Medical Examiner.
Date signed 4/9/41

F 79477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

F 79477
Registered No.

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 445 E Gittings St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret P. Bennett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harvey L. Bennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	28	hr. min.

9. Birthplace Catonsville, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name John Imhoff
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine Warner
15. Birthplace Germany

16 (a) Informant Mrs. Margaret P. Williams
(b) Address 445 E. Gittings St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Frederick Apple
(b) Address 200 W Lombard St

19 Approved APR 10 1941 (Date accepted by Registrar) Wm. J. Gr. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941, to April 6th 1941, and that I last saw her alive on April 6th 1941.

Immediate cause of death: Lobar pneumonia, left base — Duration: 8 days
Due to: Arterio-sclerotic Cardio-Vascular Disease
Due to:
Other Conditions: Thrombosis Rt. popliteal Artery — Amputation
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kalmenson M. D.
Address St. Joseph's Hosp Date signed 4-6-41

F 79478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79478 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 N. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Yaeger

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
M	W	Married	Catherine C. Yaeger	42 years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1898

8. AGE: Years	Months	Days	If less than one day
42	7	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Fireman Lieut
11. Industry or business Balto. City Fire Dept.

FATHER
12. Name George H. Yaeger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ruth V. Isangle
15. Birthplace Thurmont, Md.

16 (a) Informant Catherine C. Yaeger
(b) Address 26 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) APR 11 1941 (Registrar) (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th, 1941, at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1940, to Apr. 7, 1941, and that I last saw him alive on Apr. 7, 1941.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 6 months

Due to:

Due to:

Other Conditions: Hypertension — Duration: 1 year

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation: none

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~
(c) Where did injury occur? ~ at ~ M (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~
(e) Means of injury ~

23. Signature Leonard M. Ayton M. D.
Address 2701 N. Calvert St. Date signed Apr 10 '41

F 79479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 79479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 A 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 E Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horace Alfred Twist

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	6	27		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry B Twist
13. Birthplace

MOTHER
14. Maiden Name Mary Logue
15. Birthplace Ireland

16 (a) Informant George W Roesler
(b) Address 1 Colo ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof apr 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

APR 10 1941 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 9 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death Carcinoma of Stomach — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Vandeloft Medical Examiner. M.D.
Date signed 4/9/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 79480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 79480 Registered No.

Physicians: please write the causes of death clearly and legibly. The information asked for must be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 E Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E Hoffman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta [redacted] Fries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Conrad Fries

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1859

8. AGE: Years 82 | Months 2 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name — Cramer
13. Birthplace Germany

MOTHER 14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Wm Parks
(b) Address 2407 E Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 (a) (Date rec'd by registrar) (b) [signature] Registrar

APR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1941, at 4 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1941 to Apr 8 1941 and that I last saw h[illegible] alive on Apr 8 1941.

Immediate cause of death	Duration
Cardiac Failure	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur C Monninger M. D.
Address 800 E North Ave Date signed Apr 9, 41

F 79481 cc 63393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79481 V 120B Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Schwarz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1875

8. AGE: Years	Months	Days	If less than one day
65	11	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Christopher Schwarz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Baker
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-41 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave.

18 (a) Funeral director John J. Milly Sons
(b) Address 2435 E. Oliver St.

19 (a) APR 10 1941 (Date rec'd by registrar) (b) Filed Washington Milliken Mgr. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 11 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941, to 4-7 1941, and that I last saw h.im alive on 4-7 1941.

Immediate cause of death Peritonitis — Duration 27 days
Due to Ulceration of Sigmoid Colon
Due to ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 4-7-41
Major findings of operation: 1° Gangrene of Large bowel
of autopsy: Fecal Fistula.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip L. Brooks
Address BCH Date signed M. D. 4-9-41

F 79482

F 79482

F 79482

395696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E

F 79482

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 624 Wildwood-Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel McCloud

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife John W. McCloud (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 8-2-86

8. AGE: Years 54 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Md (Bells) (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Harry Brown

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Alice Flannery

15. Birthplace St. Louis, Mo.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pt. Shea Washington Pl. Md

APR 10 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1941. at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6- 1941. to 4-8- 1941. and that I last saw h[illegible] alive on 4-8- 1941.

Immediate cause of death: Hypophyseal tumor - not malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hypophyseal tumor

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Irelan

Address Johns Hopkins Hosp. Date signed 4-9-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79483 Registered No.

Physicians: please write the causes of death clearly and legibly. The accuracy of these important statistics depends upon the care with which the amount is carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE STS
(c) Hospital or institution: ST JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ MON.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 BAKER ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~E. JEANETTE REINDOLLAR~~ Elizabeth Jeannette Reindollar

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1909

8. AGE: Years	Months	Days	If less than one day
31	10	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry A. Reindollar
13. Birthplace Carroll, Co., Md.

MOTHER
14. Maiden Name Mary B. Bealmear
15. Birthplace Annapolis, Md.

16 (a) Informant Mr. Wm. F. Reindollar
(b) Address 3504 Ellerslie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Ave. Phone g. or Williams, Md.

19 (a) (b) Registrar
(Date received by registrar)

APR 11 1941
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1941, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1941, to 4/8 1941, and that I last saw h alive on 7/8 1941.

Immediate cause of death HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE — Duration

Due to CHRONIC NEPHRITIS — 6 YEARS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Bealmear M. D.
Address St. Joseph's Hosp. Date signed 4-8-41

(J. B. LEAK)

F 79484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79484 Registered No.

The information requested must be carefully supplied. The cooperation of physicians is necessary and important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Mc Henry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Mc Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Zefet

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Louis A. Zefet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25. 1874

8. AGE: Years	Months	Days	If less than one day
66	3	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name John Gallagher
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Catherine Rooney
(b) Address 1801 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore, Md

18 (a) Funeral director Dunnaway & Courtney
(b) Address 21 W. 25th St

19 (a) APR 10 1941 (b) [signature] Registrar
Baltimore, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 Apr 7 1941, and that I last saw her alive on April 7 1941.

Immediate cause of death: Myocarditis + Senile debility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A Mongan M. D.
Address 1216 W Fayette Date signed 4-9-41

F 79485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79485 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution:
St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12½ hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Fullerton P.O. Hereford
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baker Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorraine C Winkler Birth F 1-6-16

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1940

8. AGE: Years | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. city Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Joseph H. Winkler
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Mary Mahn
15. Birthplace Balto Co. Md

16 (a) Informant Joseph Winkler
(b) Address Fullerton P.O. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 12 41 (month) (day) (year)
(c) Cemetery or crematory St. Josephs
Location Balto Co. Md

18 (a) Funeral director Lansdowne Funeral Home
(b) Address 7401 Baltimore Blvd.

19 (a) (Date rec'd by registrar) (b) Permit to bury issued

APR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 10 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-9- 1941, and that I last saw her alive on 4-9-41 19 .

Immediate cause of death: Bronchopneumonia — Duration: 48 hr

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Rypanski Jr. M. D.
Address St Joseph's Date signed 4-9-41

F 79486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 79486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 N Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Monroe Middleton

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race CH | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph Monroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1880

8. AGE: Years 60 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Leo Fenwick
13. Birthplace Md

MOTHER 14. Maiden Name Bettie Smallwood
15. Birthplace Md.

16 (a) Informant Mary Phipps (Daughter)
(b) Address 1635 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director Geo. M. Kelsey
(b) Address 1303 Prestman St

19 (a) (Date received by local registrar) (b) Registrar's signature
APR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941, to April 8 1941, and that I last saw h alive on April 7 1941.

Immediate cause of death — Mitral Regurgitation
also coronary thrombosis?
Due to
Due to
Other Conditions Chronic Parenchymatous Nephritis and Hypertension
(Include pregnancy within 3 months of death)

Duration: Probably Years

Major findings:
Of operations none
Of autopsy none

Probably 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Hutchins M.D.
Address 4424 E Monument Date signed 4/9/41

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 79487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79487

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 35-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Williams Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1875

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Huntingtown, Calvert Co md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Fredericks Freeman

13. Birthplace md

14. Maiden Name Precilla Blake

15. Birthplace md

16 (a) Informant Ernest Jones

(b) Address 1513 Mosher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore City

18 (a) Funeral director Sam'l H. Chase Son

(b) Address 638 N. Gilmor St

19 1941 rec'd by registrar Huntington Williams, M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 10 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic Cardio-Vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kefauver M.D. Medical Examiner

Date signed 4/9/41

Correct as to items especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 29488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79488 Registered No. 194-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles McHenry

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 219-01-8757

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: May Lee McHenry

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Jan 4, 1884

8. AGE: Years: 57 | Months: 3 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Hagerstown, Maryland (Town, county, and state)

10. Usual Occupation: Painter

11. Industry or business: Northwestern Cont. Co.

FATHER
12. Name: (Unknown) McHenry
13. Birthplace: "

MOTHER
14. Maiden Name: unknown
15. Birthplace: "

16 (a) Informant: May Lee McHenry
(b) Address: 1308 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Mathews Co
(b) Address: 1211 Pont St

19 (a) APR 10 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 4/9/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 79489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a Registered No.

F 79489

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Ellamont st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 167
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Ellamont st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A. Leonard

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Wilbur W. Leonard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16th 1881

8. AGE: Years 59 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Union Bridge, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James A. Hamilton
13. Birthplace Georgia

MOTHER
14. Maiden Name Alberta Leonard
15. Birthplace Balto. Md.

16 (a) Informant Wilbur W. Leonard
(b) Address 1619 Ellamont st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St Huntington Williams

19 (a) (Signature of local registrar) (b) Registrar

APR 10 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940, to April 8th 1941, and that I last saw h~~er~~ alive on April 8th 1941.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to Generalized arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Neil Byrne, M. D.
Address 530 S Wolfe St Date signed 4/10/41

F 79490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77-D

F 79490 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital 22-1 DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. Barre Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES JACKSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt 54			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey & Son
(b) Address 134 Light St.

19 (a) APR 10 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1941 at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial asthma — Duration

Due to

Due to

Other Conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Assistant Medical Examiner.
Date signed 3-5-41

Hunting for Milwaukee? Stand by. Wollenweber M.D.

F 79491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M

Registered No. F 79491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alfred Tallman Birth F 14782

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1940

8. AGE: Years	Months	Days	If less than one day
	7	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Raymond Tallman.
13. Birthplace Ohio.

MOTHER
14. Maiden Name Lillian Toft.
15. Birthplace Md.

16 (a) Informant Raymond Tallman
(b) Address 1913 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill.
Location Brooklyn.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Edmondson Ave.

19 (a) APR 10 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941, to April 9 1941, and that I last saw h[illegible] alive on April 9 1941.

Immediate cause of death: Uremia and coma (Co. 15%)

Duration: one hr.

Due to Etiology undetermined

Due to Diabetes & Nephritis. mild form

Other Conditions Rickets

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lyons M. D.
Address St Joseph's Hosp. Date signed 4-9-41

Please write all information. Physicians: please write the causes of death clearly and legibly.

79492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E Registered No. F 79492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Lauretta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Minor

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Katherine Minor

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 39 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Charles County, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jerry Minor
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Frances Short
15. Birthplace Charles Co. Md.

16 (a) Informant Katherine Minor
(b) Address Charles Co. Md.

17 (a) Burial (b) Date thereof 4/12/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Ignatius
Location Chapel Point, Md.

18 (a) Funeral director Hunt & Ryon
(b) Address Waldorf, Md.

19 (a) 4-10-1941 (b) Huntingtown, Md.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 9 1941, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1941, to 4-9 1941, and that I last saw him alive on 4-7 1941

Immediate cause of death: Malignant Hypertension
Due to: Hypertensive Encephalopathy

Duration
3 Yrs.
2 Wks.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Lyster M. D.
Address University Hospital Date signed 4-9

INSTRUCTIONS: PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-2

Registered No. 79493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 8-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clayton H. Willard Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1941

8. AGE: Years	Months	Days	If less than one day
	2	26	5 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Clayton Howard Willard
13. Birthplace Balto Md

MOTHER
14. Maiden Name Frances Dasser
15. Birthplace Balto Md

16 (a) Informant Frances Willard
(b) Address 1519 N. Patterson Park Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 12 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 APR 10 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bilateral Otitis Media — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Maurice Grift M.D. Medical Examiner

Date signed 4/19/41

VS 6

If correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 79494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79494 Registered No. 124-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Woodyear st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Pryor

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5982

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1912

8. AGE: Years	Months	Days	If less than one day
29	2	22	hr. min.

9. Birthplace Knotoway County, Virginia (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name William Pryor, Jr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosie Farley
15. Birthplace Virginia

16 (a) Informant Lena Fitzgerald
(b) Address 1536 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-1941 (month) (day) (year)
(c) Cemetery or crematory Knotoway Va
Location Virginia

18 (a) Funeral director Wm Brooks
(b) Address 1463 N Carey St. Hunting Ridge Williams, Md

APR 10 1941 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941 at 10½ A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Acute Bronchial Asthma — Duration

Due to

Due to

Other Conditions Cirrhosis of Liver

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vanderbilt M.D. Medical Examiner.
Date signed 4/9/41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79495

63975 MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

Registered No. F 79495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Leadenhall st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Emmett Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9 ? 1895

8. AGE: Years 55 ? Months 6 Days - If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Moses
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Ct
Location Balto Md

18 (a) Funeral director Isaiah L. Bowers Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Burial Permit Issued, Baltimore, Md.

APR 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1941, at 2 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26-1941 to 4-9-1941, and that I last saw h[illegible] alive on 4-9-1941

Immediate cause of death: Streptococcus septicaemia — Acute Pulmonal-endocarditis — Duration 1 week ?

Due to: Syphilitic Aortic Dis — Duration ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-9-41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W F 79496 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Ashburton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Leach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-6-1854

8. AGE: Years 86 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace BUFFALO - NEW YORK (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name
15. Birthplace UNKNOWN

16 (a) Informant ELIZABETH L. FOUTS
(b) Address 1610 ASHBURTON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 12-41 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Park
Location Baltimore Md

18 (a) Funeral director Mitt Co B. M. Walther
(b) Address Pratt Stricker Sts

19 (a) Huntington Williams Mem (Registered by number)

APR 11 1941

VS 3-

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1941 to April 9 41 and that I last saw him alive on April 9 1941

Immediate cause of death — Duration

Cerebral Hemorrhage — 22 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. K. Sullivan M. D.
Address 2707 N Howard Date signed 4/10/41

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 79497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79497

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 265 N. 24 St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmett H. Page

If U. S. Veteran specify WAR World War.

(a) Residence: No. 265 N. 24 St. St. 12-7 Ward. No loc. loc.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Nov 24-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	16	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.,

FATHER

13. NAME Lucian Page

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Wood

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice Page (sister)

(Address) 265 N. 24 St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 4-12-41 19

19. UNDERTAKER Archibald A. Haddix

(Address) 2401 McCulloh St.

20. FILED APR 10 1941 19

Harold F. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1941 to April 9, 1941

I last saw h— alive on April 8, 1941. Death is said to have occurred on the date stated above, at 6.57 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1939

Other contributory causes of importance:

None

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) W. H. Wright M. D.

(Address) April 9 — 1941.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C

Registered No. 29498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 So Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-1

(e) Length of stay in Baltimore (yrs., mos., or days) 21 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 So Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 21 years

3 (a) FULL NAME Francis Scurti

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-01-5196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Married

6 (b) Name of husband or wife: Rosalia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1883

8. AGE: Years	Months	Days	If less than one day
57	5	17/6	hr. min.

9. Birthplace Spoltore Italy (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Domenico Scurti
13. Birthplace Italy

MOTHER
14. Maiden Name Richetta Pietranci
15. Birthplace Italy

16 (a) Informant Dominic Scurti (Son)
(b) Address 3812 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Hearth Cem.
Location German Hill Rd. Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

APR 10 1941 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 11½ A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wanderstuff M.D. Medical Examiner.
Date signed 4/9/41.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

79499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. 79499

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Clifton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Xanthy Memphos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife James H Memphos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1897

8. AGE: Years	Months	Days	If less than one day
43	5	29	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael Gonanos
13. Birthplace Greece

MOTHER
14. Maiden Name Vela Christofield
15. Birthplace Greece

16 (a) Informant daughter
(b) Address 1820 Clifton Ave

17 (a) Woodlawn (Burial, cremation or removal) (b) Date thereof April 11 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Near Baltimore Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

19 APR 10 1941 (Date rec'd by Registrar) (Signature of Registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 6:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22 1941 to April 8 1941, and that I last saw h[illegible] alive on April 8 1941.

Immediate cause of death: Malignant metastasis to brain.
Due to: Carcinoma of pylorus.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Hope M.D.
Address St Agnes Hospital Date signed 4/8/41 M. D.

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] CHARCOAL OR BLACK INK.

79500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 St. Paul st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 St Paul st (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ava L. Walker

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Isaac Walker
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1871

8. AGE: Years	Months	Days	If less than one day
69	4	13	____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas. H. Seibold
13. Birthplace N. J.

MOTHER
14. Maiden Name — Bateman
15. Birthplace —

16 (a) Informant Isaac Walker
(b) Address 3404 St. Paul st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11-41 (month) (day) (year)
(c) Cemetery or crematory Druids Cem Co
Location Baltimore Md

18 (a) Funeral director Chas. E. Isaac
(b) Address 802 Madison Ave

19 (a) APR 10 1941 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1941 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941 to Apl 4 1941 and that I last saw h[illegible] alive on 4/9 1941.

Immediate cause of death: Coronary Thrombosis / Arteriosclerosis — Duration: Unknown

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Engelbrecht
Address 3923 St Paul St Date signed 4/10/41 M. D.

VS 1

79501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79501 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Medical Care + Surgical Care.
(b) Street address — ~~Maryland General Hospital~~
(c) Hospital or institution — Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3000 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME — DAVID E PARK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	Widowed

6 (b) Name of husband or wife — Mary E. Park

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — Jan. 30-1880

8. AGE: Years	Months	Days	If less than one day
61	2	9	hr. min.

9. Birthplace — Pa. (Town, county, and state)

10. Usual Occupation — Retired

11. Industry or business

FATHER
12. Name — David E. Park Sr.
13. Birthplace — Easton Md.

MOTHER
14. Maiden Name — Mary E. Easton
15. Birthplace — Shallmill Md.

16 (a) Informant — Mrs Kenny
(b) Address — 3000 Winston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — Apr 13 1941 (month) (day) (year)
(c) Cemetery or crematory — Shiloh Cemetery
Location — Westernport, Md.

18 (a) Funeral director — E. S. Boal
(b) Address — Westernport, Md.

APR 10 1941 (Date rec'd by registrar) — Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — April 10 1941, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1941 to 4-10 1941, and that I last saw him alive on 4-10 1941.

Immediate cause of death	Duration
~~Heart Failure~~ Cardiac Decompensation	
Due to Arrested Myocardium	
Due to Cardio-Vascular Arteriosclerotic Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — William R. Longshein M. D.
Address — Md. Gen. Hosp. Date signed 4/10/41

F 79502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V-c F 79502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 Poplar Grove st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Rave Burnett, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10 1882

8. AGE: Years	Months	Days	If less than one day
58	3	30	hr. min.

9. Birthplace Baltimore, Md (Town, County, and state)

10. Usual Occupation Clerk Retired

11. Industry or business

FATHER 12. Name Samuel R. Burnett

13. Birthplace Balto Md

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Sam. R. Burnett, 3rd

(b) Address 528 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna. Aves,

19 APR 10 1941 (Date rec'd by registrar) Thurlington Robinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Purulent Bronchitis
Pulmonary edema
Due to
Due to

Other Conditions Healing la operation 7
St Luke's Hospital 6 Apr 41 Lung abscess

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accidental ?
(b) Date of occurrence 12/31/40
(c) Where did injury occur? Park Ave & Franklin St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Walked into back of automobile

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/10/41 Fender Deming

VS 6

F 79503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-C F 79503
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 President Street (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Leipold

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-09-4048

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1889

8. AGE: Years 52 | Months 0 | Days 26 | If less than one day: hr min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Kemp Machinery Co.

FATHER
12. Name George Leipold
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Christian
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Lavinta
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.

19 (a) APR 10 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to: Accident Automobile

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/28/41
(c) Where did injury occur? Bypass Route 40 (City or town) 8 miles west of Ellicott City (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Automobile Two Autos

23. Signature Wm. H. Vandeloo M.D. Medical Examiner.
Date signed 4/9/41

79504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 a ✓ F 79504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville Rt (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lauren L. Zepp

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph D. Zepp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): About 1873

8. AGE: Years: About 68 | Months: 2 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Richmond, Virginia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Allen Madison Lyon
13. Birthplace: Richmond, Va.

MOTHER
14. Maiden Name: Laura Catherine Lumsden
15. Birthplace: Petersburg, Va.

16 (a) Informant: Mrs. W. S. Zepp
(b) Address: Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory: Krider's Cem., Location: Westminster, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) Date rec'd APR 10 '41 (registrar) (b) Huntington Williams, MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 9 1941, at 2 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-9 1941, and that I last saw her alive on 4-9 1941.

Immediate cause of death: Cerebral hemorrhage — apl

Due to: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W Parks M. D.
Address: St Agnes Date signed 4-9

79505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 D

Registered No. 79505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 S. Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary Mroz inski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1908

8. AGE: Years	Months	Days	If less than one day
32	8	-	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Brzozowski
13. Birthplace Poland

MOTHER
14. Maiden Name Teofilia Piechocki
15. Birthplace Poland

16 (a) Informant Leon Mrozinski
(b) Address 310 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave

19 (a) APR 9 1941 (Date received by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8-1941, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Toxemia	
Due to Bi chloride of Mercury	
Due to Psycho-neurosis	
Other Conditions Uremia, Pulmonary Edema (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-23-1941
(c) Where did injury occur? 310 S. Castle Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bi Cl. 7 Hg. Tablets (4)

23. Signature Howard J. Thurston M.D. Medical Examiner
Date signed 4-9-41

79506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 ✓ F 79506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 North Kenwood (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William H Bridge

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-07-1236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margaret PRAETOR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1867

8. AGE: Years	Months	Days	If less than one day
73	5	11	hr. min.

9. Birthplace Queenstown Md (Town, county, and state)
10. Usual Occupation meat cutter
11. Industry or business

FATHER 12. Name Robert P Bridges
FATHER 13. Birthplace Queenstown Md

MOTHER 14. Maiden Name Margaret Akers
MOTHER 15. Birthplace Balt

16 (a) Informant Wife
(b) Address 112 North Kenwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Frank V. Pikitonis
(b) Address 2868 E. Baltimore St.

19 (a) APR 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 4-9 1941.
And that I last saw h[illegible] alive on 4-9 1941.

Immediate cause of death	Duration
Dextrocardia	
was caused by C	
uremia	
Due to Arteriosclerotic C V Dis	
Due to	
Other Conditions Empyema	
& Cholelithiasis	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: Empyema & Cholelithiasis	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. C. Parks M. D.
Address St Agnes Date signed 4/9

E 79507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 79507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Eutaw Place. (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 Yrs. years

3 (a) FULL NAME GUSTAV FRISCH.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1861

8. AGE: Years	Months	Days	If less than one day
79	6 7	29	hr. min.

9. Birthplace Austria. (Town, county, and state)

10. Usual Occupation Retired Newspaper Editor.

11. Industry or business

FATHER
12. Name Siegfried Frisch,
13. Birthplace Austria.

MOTHER
14. Maiden Name Sophia Wedelis,
15. Birthplace Austria.

16 (a) Informant Miss. Amalie Frisch,
(b) Address 1739 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) APR 10 194[illegible] Mortician, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1941, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1910, to April 9 1941, and that I last saw h~~im~~ alive on April 9 1941.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease Congestive heart failure -	Sept 1940
Due to Arteriosclerosis - Signs since 1910?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed 4/10/41

F 79508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-B

F 79508

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & Eman.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Emerson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Levy S S 217-18-1508

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1864

8. AGE: Years	Months	Days	If less than one day
76	6 7	28	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Retired Hat Mnfgr.

11. Industry or business

FATHER
12. Name Michael S. Levy
13. Birthplace Germany

MOTHER
14. Maiden Name Betsy Jacobs
15. Birthplace England

16 (a) Informant Mrs. E. Clarke
(b) Address Emerson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levinson & Son
(b) Address 202 Eutaw Place

19 (a) [illegible] 1941 (b) Huntington, West Virginia (Signature of registrar)

APR 10 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1941, at 8:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1941, to 4/10 1941, and that I last saw him alive on 4/10 1941.

Duration
At least 12 years

Immediate cause of death Respiratory Failure & Cardiac Failure

Due to Bronchogenic Carcinoma

Due to Arteriosclerotic Heart Disease

Other Conditions Tabo-Parresis, Paraplegia, Paralysis Agitans (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy Arteriosclerotic Heart Disease, Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel V. Taylor M. D.
Address Sinai Hospital Date signed 4/10/41

79509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 29509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: President Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 411 Myrtle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-3121

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ruth Briggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1909

8. AGE: Years 31 | Months 9 8 | Days 1 1 | If less than one day hr. min.

9. Birthplace Emporia Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Daniel Briggs

13. Birthplace Va.

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Ruth Briggs

(b) Address 913 N. Dallas St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)

(c) Cemetery or crematory Emporia Va

Location

18 (a) Funeral director Mrs Frances A. Hewster

(b) Address 528 W. Biddle St.

19 APR 10 1941 (Date rec'd by registrar) (b) Hunter & Williams, Inc.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1941, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941 to 4-7 1941, and that I last saw h.i.m alive on 4-7 1941.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H.P. Muncaster M. D.

Address President Hospital Date signed 4-7-41

VS 2

79510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79510

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1301 Parkman Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 5 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1301 Parkman Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara J. Popp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife George Popp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1865

8. AGE: Years	Months	Days	If less than one day
76	-	24 23	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Andrew Lauterbach

13. Birthplace Germany

MOTHER

14. Maiden Name Hoffmann

15. Birthplace Germany

16 (a) Informant George J. Popp

(b) Address 1301 Parkman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-1941 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director George L. Schmidt

(b) Address 710 Frederick Ave.

19 APR 10 1941 (Date rec'd by registrar) Hunter Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1941, at 6 20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to April 8 1941, and that I last saw h.e alive on April 8 1941.

Immediate cause of death: Arterio Sclerosis

Cerebral Apoplexy Hypertension Senility

Duration

Due to

Due to

Other Conditions Prostatic Pathology

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert C. Nitsch

Address 2151 Wilkens Ave Date signed April 9/41

VS 3

Spec—12-23-21—E.B.R.S.—400 Bks.

Michael J Hartnett

WORLDS WAR VETERN.

79511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79511

No S.S. No.

92-a

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 621 S. Rappolla St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Michael J. Hartnett

(a) Residence No. 621 S. RAPPOLA St. BALT MD Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. MALE

4-COLOR OR RACE. WHITE

5-Single, Married, Widowed, or Divorced, (Write the word.) MARRIED

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ETHEL M.HARTNETT

6-DATE OF BIRTH (month, day and year) SEPT.11 1890

7-AGE. 50 yrs. 6 mos. 10 79 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. BARTENDER

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). PENNA. (State or Country),

PARENTS.

10-NAME OF FATHER, JERMIAH HARTNETT

11-BIRTHPLACE OF FATHER (city or town). ENGLAND (State or Country),

12-MAIDEN NAME OF MOTHER, NORA SULIVAN

13-BIRTHPLACE OF MOTHER (city or town). ENGLAND (State or Country),

14- (Informant). ETHEL M.HARTNETT (WIFE)

(Address). 621 S.RAPPOLA ST.

15- APR 11 1941 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/10/41

17- I HEREBY CERTIFY, That I attended deceased from 4/4 19 41 to 4/10 19 41

that I last saw h. alive on 4/10 19 41

and that death occurred, on the date stated above, at 11.30 a.m. p.m.

The CAUSE OF DEATH* was as follows: Aortic Stenosis

Insufficiency

& Chronic Hypertrophy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) [illegible] M. D.

19 (Address) 4613 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. OAK LAWN

DATE OF BURIAL. APR.14. 19[illegible]

20-UNDERTAKER. Lilly & Teiler INC.

ADDRESS 403 S.WOLFE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

Registered No. F 79512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 W

3 (a) FULL NAME Elizabeth Feinour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles W. Feinour
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 7-4-1890

8. AGE: Years	Months	Days	If less than one day
50	9	6	hr. min.

9. Birthplace New York City, N. Y. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Schwab
13. Birthplace American

MOTHER
14. Maiden Name Unknown
15. Birthplace America

16 (a) Informant Husband
(b) Address 2108 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-1941 (month) (day) (year)
(c) Cemetery or crematory Pres. Cathedral
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 2411 Eutaw Ave

19 APR 11 1941 (Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-10 1941, and that I last saw h[illegible] alive on 4-10 1941.

Immediate cause of death	Duration
Septicemia	
Due to Staphylococcus	2 wks
Due to	
Other Conditions Uremia	1 wk
Staph. Meningitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy To be done 4-10-41 Johns Hopkins Hosp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp. Date signed 4-10-41

F 79513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 79513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Hillen St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Hillen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Noble Burgess
S.S. 216-10-8703

3 (b) If veteran, name war None.
3 (c) Social Security Account No. 216-10-8703

4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Julia
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1884

8. AGE: Years 56 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace D. C. (Town, county, and state)
10. Usual Occupation Stable - Man.
11. Industry or business Westview Md. Dairy

FATHER
12. Name J. F. Burgess.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Mary —
15. Birthplace Unknown

16 (a) Informant Julia Spencer Burgess
(b) Address 1342 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Roberts Young
(b) Address 804 W. Cardenas St.

APR 11 1941 (a) (Registrar Only) Huntingtown Md. (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 6:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941 to April 9 1941 and that I last saw h[illegible] alive on April 8 1941

Immediate cause of death
(a) Acute Lobar Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration: April 5 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lew S. Allen M. D.
Address 50 Marquette St. Date signed 4-10-41

VS 3

F 79514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 Elmwood Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Elmwood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNE SCOTT GEARE

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: John Howell Geare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 29, 1857

8. AGE: Years	Months	Days	If less than one day
83	10	10	hr. min.

9. Birthplace: Delhi, India (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Edwin Scott
13. Birthplace: Plymouth, England

MOTHER
14. Maiden Name: Matilda St. John
15. Birthplace: England

16 (a) Informant: Mrs. Paige Edmunds
(b) Address: 12 Elmwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory
Location: Cumberland, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) [illegible] (b) [illegible]

APR 11 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1941, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940, to April 9 1941, and that I last saw h[illegible] alive on April 9 1941

Immediate cause of death	Duration
Cerebral Hemorrhage	5 yrs.
Congt. Left Hemiplegia	5 yrs.
Due to Generalized Arteriosclerosis	?
Hypertension	?
Due to Auricular Fibrillation	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Fenno M. D.
Address 3025 Belair Rd. Date signed 4-10-41

FEAR in G

F 79515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Washington Court Charles & Eve (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Rosa STeele

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1860

8. AGE: Years 80 81 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac N. Steele
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rosa Nelson
15. Birthplace Maryland

16 (a) Informant Miss Kate Steele
(b) Address Washington Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director J. W. Jenkins & Sons Co
(b) Address Orchard & McCulloh Sts

19 (a) APR 11 1941 (Date rec'd by local Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12·26·1940 to 4·9·1941 and that I last saw her alive on 4·9·1941.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Apoplexy	2 days
Due to: Arteriosclerosis	
Other Conditions: Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 4/9/41

F 79516

Jennie Peterson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 97

F 79516

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Church Home Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Ballard Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs Jennie Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1870

8. AGE: Years 70 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Peter Williams

13. Birthplace Balto Co, Maryland

MOTHER 14. Maiden Name Delilah Stauffer

15. Birthplace Hagerstown Ohio

16 (a) Informant Mrs Margaret Lehrein

(b) Address 6070 Falls Rd., Balto 6, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13, 1941 (month) (day) (year)

(c) Cemetery or crematory Boyles, Location Balto Co, Md

18 (a) Funeral director Lawrence M. Brooks

(b) Address Govans, Md.

19 (a) Date received by Local Registrar APR 11 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1941, to 4-10 1941, and that I last saw her alive on 4-10 1941.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Goldberg M. D.

Address Church Home and Infirm Date signed 4/10/41

F 79517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Waldo St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Waldo St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 Years years

3 (a) FULL NAME SOPHIA BAUMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Michael Baumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 8, 1855

8. AGE: Years	Months	Days	If less than one day
86	2	1	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Johan Held
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Wm. Donaldson,
(b) Address 1612 Waldo St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director John Ulluch.
(b) Address 2009 Orleans St.,

19 (a) 1941 (Date received by registrar) (b) Hum. ... for Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 9 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1938 to Apr 9 1941, and that I last saw her alive on Apr 9 1941.

Immediate cause of death Pulmonary Oedema 3 days

Due to Chronic Myocarditis & Generalized Arteriosclerosis

Due to Senility 5 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NONE
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address 100 N. Linwood Ave. Date signed Apr 10 1941

Please write plainly, with ink. Punctuation is important. Spell out all words. Do not use abbreviations. Be sure to give correct age. Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 79518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman & Caroline Sts.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Darley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Bordley Birth F 26271

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Sing.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/41

8. AGE: Years | Months | Days | If less than one day 4. hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Pitt Bordley
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alice Deaner
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Alice Deaver
(b) Address 1118 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11th 1941 (month) (day) (year)
(c) Cemetery or crematory Morelands Memorial Park
Location Taylor Ave

18 (a) Funeral director Leo G. Crook
(b) Address 701-03 N. Patterson Park Ave

APR 11 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9, 1941, at 3 46 AM PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1941, to Apr 9 1941, and that I last saw him alive on Apr 9 1941.

Immediate cause of death – Respiratory failure — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad L. Richter
Address St. Joseph's Hosp. Date signed 4/10/41

PRINCIPAL FACTS, WITH CAUTIONARY INS. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 79519

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4736 Amberley Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Oliver Y. Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-2755

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anne Elizabeth Lee Teeling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1883

8. AGE: Years	Months	Days	If less than one day
57	6	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Car-fireman - B. & O.

11. Industry or business

FATHER 12. Name Samuel Stanley

13. Birthplace Md

MOTHER 14. Maiden Name Mollie Engelbright

15. Birthplace Md

16 (a) Informant Mrs. Anna E. Stanley

(b) Address 4736 Amberley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 '41 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Kirkpatrick

(b) Address 401 E. Monument

19 (a) APR 11 1941 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10-1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941, to April 10 1941, and that I last saw him alive on April 10 1941.

Immediate cause of death	Duration
Perforated gastric ulcer	
Generalized peritonitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 9, 1941

Major findings of operation: Perforated gastric ulcer Generalized peritonitis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. F. Moore M. D.

Address St. Agnes Hosp. Date signed 4/10/41

F 79520

F 79520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 N. Mc Cullah St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Timmons

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15, 1934

8. AGE: Years 6 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation School girl
11. Industry or business

FATHER
12. Name Joseph Timmons
13. Birthplace S. Car.

MOTHER
14. Maiden Name Elenora
15. Birthplace

16 (a) Informant Joseph Timmons
(b) Address 1223 Mc Cullah St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Adolphus Halstead
18 (a) Funeral director 9 N Druid Hill Ave
(b) Address

APR 11 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 8 - 1941, at 2 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Inquiry thereon and from the evidence obtained by said Inquisition - Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured Cervical Vertebra (broken neck)
Duration:
Due to: Fractured Skull
Due to:
Other Conditions: Multiple fractures, lacerations, bruises
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4 - 8 - 41 11 A
(c) Where did injury occur? N. Mc Cullah St (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - Auto - Truck
23. Signature Howard J. Nelson M.D. Medical Examiner
Date signed 4-9-41

79521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 79521

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 John Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

14

3 (a) FULL NAME ELLEN C. FREEZE

3 (b) If veteran, name war: *****

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife: Frank L. Freeze, Sr
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1881

8. AGE: Years	Months	Days	If less than one day
60	3	1	... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Andrew Casey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A. Quayle
15. Birthplace Ireland

16 (a) Informant Mr. Frank L. Freeze, Sr.
(b) Address 1526 John Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. F. Grace & Son Succ
(b) Address 118 W. Mt. Royal Ave.

APR 11 1941 (Date rec'd by Registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 2 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1938, to Apr. 8 1941, and that I last saw her alive on Apr. 8 1941.

Immediate cause of death: Probable acute pulmonary edema
Due to: Hypertension, Arteriosclerosis.
Due to ...
Other Conditions None.
(Include pregnancy within 3 months of death)

Duration: ... 10 yrs.

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature Walter L. Thompson M.D.
Address 1014 St Paul St Date signed 4/10/41

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Information required in items 1 to 15 must be obtained from the most reliable source. Be sure that the correct age is especially important.

F 79522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 79522 Registered No.

correct age is especially important. Physicians- please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Ellicott Driveway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Ellicott Driveway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward William Lang

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Male	Wht	Married

6 (b) Name of ~~husband~~ or wife Alice R Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 22 - 1862

8. AGE: Years	Months	Days	If less than one day
78	3	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name George A Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Miss Mable Lang
(b) Address 2804 Ellicott Driveway

17 (a) Burial (b) Date thereof April 12-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet Cemetery
Location Baltimore Md.

18 (a) Funeral director Jos Joerdens Son
(b) Address 1927 Park Ave.

19 APR 11 1941 (b) [illegible] Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 10 1941, at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1941, to Apr 10 1941, and that I last saw ~~him~~ her alive on Apr 9 1941.

Immediate cause of death	Duration
Chronic valvular heart disease	4
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elmer W. Lahn
Address 1935 Poplar Gr. St Date signed 4/11/41

VS 3

7952 3 B Hamberger
3908 N. Charles St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 79523
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Parkswood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Parkswood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janet Davis Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W:	Widow

6 (b) Name of husband or wife George Edwin Ross
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8 - 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	8	2		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William T. Davis
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah A. Haines
15. Birthplace Baltimore, Md.

16 (a) Informant Sarah Davis
(b) Address 414 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave

19 (a) [illegible] 1941 (Date received by registrar) (b) [illegible] (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 - 1941, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939, to April 16 - 1941, and that I last saw h[illegible] alive on April 9 - 1941.

Immediate cause of death	Duration
Coronary Thrombosis	4 Hrs
Due to Cerebral Sclerosis	of years
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Corydon Gamble M. D.
Address 2906 N. Charles Date signed

79524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 79524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St + Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Battery Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME George Melvin Bryant Jr. Birth F 24720

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1941

8. AGE: Years	Months	Days	If less than one day
	1	22	..... hr. ..... min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Geo. M. Bryant Sr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Pauline S. Short
15. Birthplace Balto

16 (a) Informant Mr. Geo M. Bryant Sr.
(b) Address 1247 Battery

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-41 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location North Ave

18 (a) Funeral director J. F. McCully
(b) Address 130 E. Fort Ave.

APR 11 1941 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1941, at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1941, to April 10, 1941, and that I last saw h.im alive on April 10, 1941.

Immediate cause of death	Duration
Pneumonia	over
Due to	
Due to	
Other Conditions Congenital anomaly of intrahepatic biliary ducts (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy Bronchopneumonia, bilat.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature William R. Longshore M.D.
Address Md Gen. Hosp Date signed 4/11/41

F 79525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 79525
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or satisfactory explanation given why it cannot be. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 Pfisters Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 Pfisters Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Martin Pilachowski

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	213-01-4175	M	W	Married

6 (b) Name of husband or wife Bertha Pilachowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 27 1903

8. AGE: Years	Months	Days	If less than one day
37	6	1314	hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Standard Sanitary Worker
11. Industry or business

FATHER
12. Name Frank Pilachowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Augustyniak
15. Birthplace Poland

16 (a) Informant Mrs. Bertha Pilachowski
(b) Address 2425 Pfisters Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 407 S. Chester Street

19 (a) APR 11 1941 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1941, to Apr. 10 1941, and that I last saw him alive on Apr. 9 1941.

Immediate cause of death — Duration

Silicosis — many years

Due to

Due to

Other Conditions — ?
Probable Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sigmund R. Nowak M. D.
Address 405 S. Patterson Pk. Ave. Date signed Apr. 11, 1941

F 79526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 79526 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 N. Howard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-5710

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Sinia Thornton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1892

8. AGE: Years	Months	Days	If less than one day
48 49	6	9	hr. min.

9. Birthplace Gloucester Va (Town, county, and state)
10. Usual Occupation Laborer Farm
11. Industry or business Own Farm

FATHER
12. Name George Thornton
13. Birthplace Va

MOTHER
14. Maiden Name Isabella Robinson
15. Birthplace Va

16 (a) Informant Virginia Lee
(b) Address 2119 N. Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/41 (month) (day) (year)
(c) Cemetery or crematory Gloucester Va
Location Gloucester Va

18 (a) Funeral director Rayzon Sanders
(b) Address 1412 E. Preston St

19 (a) Filed APR 11 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 - 1941 to April 7 1941, and that I last saw h alive on April 7 1941

Immediate cause of death Cerebral Hemorrhage — Duration 5 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vince A. Johnson
Address 2329 Gough St Date signed April 8, 1941

79527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E F 79527

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Pennington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Clifford Collins

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife: Charles N. Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1860

8. AGE: Years	Months	Days	If less than one day
80	11	8	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Woodbridge Clifford
13. Birthplace Maine

MOTHER
14. Maiden Name Margaret Land
15. Birthplace Maine

16 (a) Informant Mrs. Marjorie C. Disbey
(b) Address 713 Pennington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Wm. J. Pickard Sons
(b) Address North & Fulton Aves.

19 APR 11 1941 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10-41 19 , at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-41 19 , to 4-10-41 19 ; and that I last saw he alive on 4-10 19 41.

Immediate cause of death: Heart failure — Duration: ½ hour
Due to: Arteriosclerotic cardiovascular disease — Duration: years
Due to: — Duration:
Other Conditions: Carcinoma descending colon — Duration: 10 yrs
(Include pregnancy within 3 months of death)
Date of operation 4-1-41
Major findings of operation: Carcinoma of colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 4-10-41

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

79528

79528

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Forest Park Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elvira J. Penty

(a) Residence: No. 3903 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Penty

6. DATE OF BIRTH (month, day, year) March 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Feb 24, 1941

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. County
(State or country) Maryland

FATHER

13. NAME Lafayette Steven

14. BIRTHPLACE (city or town) Balto County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine E. Zapp

16. BIRTHPLACE (city or town) Balto. County
(State or country) Md.

17. INFORMANT Ethel M. Newton

(Address) 3903 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 14 1941

19. UNDERTAKER John Ostafichuk Sons

(Address) 600 Eutaw Place

APR 12 1941 19 Registrar.

Thomas J. Lyon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1941, to April 10, 1941

I last saw her alive on April 10, 1941. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerotic Cardiovascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M Robinson M. D.

(Address) 244 N. Milton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. 79529

PLEASE WRITE PLAINLY, with unfading ink. Entry must be made on this certificate before burial or removal. Answer each question fully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME John Glavestas

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-07-0468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Benedict
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation None Tailor
11. Industry or business

FATHER
12. Name Joseph Glavestas
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Benedict Glavestas
(b) Address 13 N. Pearl St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Casenstas
(b) Address 602 Washington Blvd.

19 APR 12 1941 (Date rec'd by registrar) (b) Huntington Public [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1941, at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941, to 4-10 1941, and that I last saw h alive on 4-10 1941.

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive cardio vascular - Renal disease

Due to

Other Conditions Chronic alcoholism & alcoholic Psychosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Bayuss M. D.
Address Mercy Hospital Date signed 4-10-41

79530 X F 79530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 16 da.

(e) Length of stay in Baltimore (yrs., mos., or days): 16 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ohio (b) County:

(c) City or town: Cleveland (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1268 W. 25th Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Milton James Pehotsky

3 (b) If veteran, name war: None

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary McCarthy

6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): May 8, 1899

8. AGE: Years: 41 Months: 11 Days: 3 If less than one day: hr. min.

9. Birthplace: Cleveland, Ohio (Town, county, and state)

10. Usual Occupation: Quartermaster

11. Industry or business:

FATHER

12. Name: Frank Pehotsky

13. Birthplace: Poland

MOTHER

14. Maiden Name: Catherine Slavinsky

15. Birthplace: Russia

16 (a) Informant: Records-US Marine Hospital

(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 15, 41 (month) (day) (year)

(c) Cemetery or crematory: Cleveland Ohio

Location:

18 (a) Funeral director: S. Walter Marf,

(b) Address: 419 N. Bouldin St.

19 (a) APR 12 1941 (Date rec'd by registrar) Thurlington Mortuary

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11, 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941 to April 11 1941, and that I last saw him alive on April 11 1941.

Immediate cause of death: Edema & hemorrhage of brain — Duration: 14 hrs.

Due to: Pituitary adenoma — 2 yrs

Due to: left inguinal and — 2 mo.

Other Conditions: destruction of pituitary fossa

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Craniotomy 4-3-41

Of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J B H Cushman / Lieut

Address: U S Marine Hosp. Balto. Date signed: 4-11-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 79531 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Hartford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. J. Woodley Richardson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Isabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1870

8. AGE: Years	Months	Days	If less than one day
70	7	11	hr. — min.

9. Birthplace Bel Air, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John S. Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rouse
15. Birthplace Maryland

16 (a) Informant Dr. Edwin Richardson
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bokerburg
Location Aberdeen Md

18 (a) Funeral director Dennis Tated
(b) Address Bel Air Md

19 (Date rec'd by registrar) APR 12 1941 Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1941 to Apr. 12 1941 and that I last saw him alive on Apr. 12 1941.

Immediate cause of death Uremia — Duration 5 wks

Due to Carcinoma of bladder — Duration over

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Neff, Jr. M. D.
Address Union Memorial Hosp. Date signed 4-12-41

VS 2

79532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 79532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1751 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1752 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Frances Harwood

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Eugene Boyd Harwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1865

8. AGE: Years 76 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business None

FATHER
12. Name Samuel Burns
13. Birthplace Prince Geo Co Md.

MOTHER
14. Maiden Name Mary Jane Mills
15. Birthplace Md

16 (a) Informant Frances Viola Briggeman
(b) Address 1751 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 12 1941 [illegible] Mill [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1941, at 6 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941, to April 10 1941, and that I last saw h alive on 4-9 1941.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertensive cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W Barnaby M. D.
Address 1531 E North Ave Date signed 4-11-41

79533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-6 F 79533 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Hearshaw Birth F 24920

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 5145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 24 1941

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Edward C. Hearshaw

13. Birthplace Ohio

MOTHER 14. Maiden Name Thelma Farrell

15. Birthplace U. S.

16 (a) Informant Thelma Hearshaw

(b) Address 2230 St. Paul St

17 (a) Burial (b) Date thereof 4/12/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 2217 St Paul St

19 (a) APR 12 1941 (b) Registrar's Number

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 6 25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1941, to 4/11 1941, and that I last saw her alive on 4/11 1941.

Immediate cause of death (Patent Ductus Arteriosus) — Duration: Life

Due to Congenital Anomaly

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Patent Ductus Arteriosus

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Shenthal M. D.

Address Mercy Hosp Date signed 4/12/41

79534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2439 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T Hynes

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-10-0078

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sadah A. Hynes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3rd 1872

8. AGE: Years 68 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Construction Engineer

11. Industry or business Bethlehem Steel Co

FATHER
12. Name James H. M. Hynes
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Camille Shaw
15. Birthplace Balto Md.

16 (a) Informant Sarah A. Hynes
(b) Address 2439 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/14/41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

APR 12 1941 (Date received by registrar) (b) Huntington Mills, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1941, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11, 1941, to April 11, 1941, and that I last saw him alive on April 11, 1941.

	Duration
Immediate cause of death Acute Cardiac Dilatation	Terminal
Due to Chronic Myocarditis	8 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St **Date signed** Apr 11 41

F 79535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 79535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George C. Diehl

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-07-2327

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife: — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7, 1890

8. AGE: Years	Months	Days	If less than one day
50	9	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Still Man

11. Industry or business Standard Oil Co.

FATHER
12. Name Henry Diehl
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Meister
15. Birthplace Baltimore

16 (a) Informant Mr. Charles M. Diehl
(b) Address 3031 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12. 1941 (month) (day) (year)
(c) Cemetery or cremetory Parkwood
Location Baltimore

18 (a) Funeral director HENRY SANDER & SONS Inc.
(b) Address North Ave. & Broadway

19 APR 12 1941 (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1941, at 12:30A

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to April 8, 1941, and that I last saw h alive on April 8 1941.

	Duration
Immediate cause of death: Cardiac Decompensation	1 wk
Due to Cirrhosis of Liver.	1½ yrs.
Due to	ovr
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 1040 Wood St Date signed 4/11/41

79536

BALTIMORE CITY HEALTH DEPARTMENT

65073 DH

CERTIFICATE OF DEATH

93-P ✓ Registered No. 79536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 S Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN EDWARD FISCHER (Could Fischer)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1875

8. AGE: Years 65? Months 11 Days 29 If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Street Cleaner

11. Industry or business Baltimore City

FATHER
12. Name ? Fischer
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Baltimore Sept. 7. Sander

18 (a) Funeral director HENRY SANDER & SONS
(b) Address North Ave. & Broadway

APR 12 1941 (Date received by Registrar) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1941, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8- 1941 to 4-9- 1941, and that I last saw h[illegible] alive on 4-9- 1941

Immediate cause of death Bronchopn. — Duration ?

Due to U.S. Hy Dis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature McCaughey Lake M.D.
Address Balto City Hosp. Date signed 4-9-41

79537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E ✓ Registered No. F 79537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5007 Greenhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Greenhill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE HEINECKE

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1864

8. AGE: Years	Months	Days	If less than one day
76	11	17	hr. min.

9. Birthplace Hoboken, N. J. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. William Heinecke
(b) Address 5007 Greenhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Road

19 (Date received by Registrar) APR 12 1941 (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1941, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from February 18 1941 to April 10 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death — Duration
Probable Coronary Embolism
Due to Carcinoma ovr
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic Carcinoma of Anter. Abd. Wall
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address 4200 Parkwood Ave Date signed 4-11-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 29538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 29538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 N. Ruxlerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N. Ruxlerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christian F. Trott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Jennie Trott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug - 29 - 1879

8. AGE: Years	Months	Days	If less than one day
61	7	12	11 hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name John C. F. Trott
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Rena Trott
(b) Address 1507 N. Ruxlerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave

18 (a) Funeral director Edw. F. Kelly & Son
(b) Address 2405 E. Monument St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 11 1941, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941 to April-11 1941 and that I last saw him alive on April 11 1941.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Lobar Pneumonia	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
1631 E. North Ave Date signed 4/12/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79539

SS 41588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. 29539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1409 N. Central Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country Germany

3 (a) FULL NAME Frank Barton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Barbara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 1872

8. AGE: Years 69 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Knaurr

13. Birthplace Germany

MOTHER 14. Maiden Name Dora

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 14 41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Philip Hering Sons

(b) Address 2024 Orleans St

19 (a) APR 12 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1941, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1939 to 4-10 1941 and that I last saw h[illegible] alive on 4-10 1941

Immediate cause of death: Cerebral thrombosis — Duration: 13 days

Due to: Coronary Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature Henry L. Ryder M. D.

Address Balto. City Hosp. Date signed 4-11-41

79540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. E 79540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Lehman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Gauger

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elise Gauger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1872

8. AGE: Years	Months	Days	If less than one day
68	7	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Ice business, retired 5 years
11. Industry or business

FATHER
12. Name Frederick Gauger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Elise Gauger
(b) Address 2636 Lehman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd

18 (a) Funeral director Henry H. Wittke
(b) Address 4814 Edmondson Ave.

19 APR 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandenbergh M.D. Medical Examiner
Date signed 4/10/41

VS 6

F 79541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46-E

F 79541

Reg. Dist. No. .....

1. PLACE OF DEATH:

County .....

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

600 S. Chapel Gate

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County .....

City or town Baltimore city

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4013 Wilkens ave

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Jenny Thompson Clothier

3. (b) Social Security Number none

4. Sex	Color or race	5.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife Thomas G. Clothier

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb-19-1862

8. AGE: Years	Months	Days	If less than one day
79	1	19	..... hrs. ..... min.

9. Birthplace Cecil Co. Md.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business .....

FATHER 12. Name David Thompson

13. Birthplace Ireland

MOTHER 14. Maiden name unknown

15. Birthplace .....

16. Informant Harry F. Clothier

Address 4013 Wilkens ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/12/41 (month) (day) (year)

Cemetery or crematory Greenmount

Location Greenmount ave. & Matth. Balto

18. Funeral director Frank H. Murrell Inc.

Address Pikesville, Md.

19. APR 12 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1941, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24, 1941, to April 10, 1941 and that I last saw h 9[illegible] alive on April 8, 1941

Immediate cause of death Cachexia

Carcinoma Colon — 3 yrs.

Malnutrition

Due to .....

Due to .....

Other conditions Hypertension, Essential — ?

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. .....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE I. Earl Pass, M.D.

M. D. or other

Address 4001 Wilkens Ave Date signed April 11, 1941

79542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 79542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeson & Linden Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie C. Rensch

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry Rensch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1891

8. AGE: Years	Months	Days	If less than one day
50	2	8	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Home ✓
11. Industry or business

FATHER
12. Name Anton Wolfel
13. Birthplace Md.

MOTHER
14. Maiden Name Christina Dietrich
15. Birthplace Germany

16 (a) Informant Mrs. Henry Rensch
(b) Address 2505 W. Lafayette Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 (month) 14 (day) 41 (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave - Balto., Md.

18 (a) Funeral director Wm. Rehn & Son
(b) Address 2513 Edmondson Ave

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 7:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to April 10 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Cholecystectomy	6 days
Appendectomy	6 days
Due to Calculus cholecystitis	3 mos +
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 4, 1941
Major findings of operation: Ch. Calculus cholecystitis
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 4/10/41

79543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G3-D

Registered No. 79543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Mason St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Mason St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Conrad Schmidt

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs Minnie Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2nd 1859

8. AGE: Years	Months	Days	If less than one day
82	3	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired - 10 yrs
11. Industry or business Leather & Shoe Findings

FATHER
12. Name Jacob Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Judith Neibling
15. Birthplace Germany

16 (a) Informant Mrs Minnie Schmidt
(b) Address 12 N. Mason St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 | 14 | 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. Hiss & Son
(b) Address 2503 Eastern Ave Baltimore, Md.

19 (a) APR 12 1941 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1941, at 5.45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1941 to 4/11 1941, and that I last saw alive on 4/11 1941.

Immediate cause of death
Uremia
Hypertrophic Degeneration
Due to Prostatic Hypertrophy
Obstr. Urethritis.
Due to Arterio Sclerosis -

Duration
2 days?
(?).
1 yr. ?
2 months
(?).

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dewitt E. Bogorad
Address 905 N. Balto. St. Date signed 4/14/41

VS 8

F 79544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79544 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 920 N. Fulton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 920 N. Fulton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nola Cartwright.

3 (b) If veteran, name war None.

3 (c) Social Security Account No. None.

4. Sex: Female

5. Color or race: White.

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Wallace Cartwright.

6 (c) If alive, give age 98 years

7. Birth date of deceased (mo., day, yr.) June 10-1867.

8. AGE: Years 83 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace Washington - Ohio. (Town, county, and state)

10. Usual Occupation House wife.

11. Industry or business At home.

FATHER

12. Name Wm. A. Skinner.

13. Birthplace Ohio.

MOTHER

14. Maiden Name Mary J. Virtue.

15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. Laura Skinner

(b) Address New York - N.Y.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April-12-41. (month) (day) (year)

(c) Cemetery or crematory Mount Olivet Cem.

Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.

(b) Address 505 N. Monroe St. Baltimore, Md.

19 (a) APR 12 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 9 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1941 to April 10 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death Myocarditis Chronic — Duration 4 years

Due to x

Due to A

Other Conditions N. Vann Williams M.D. (Include pregnancy within 3 months of death)

Major findings:

Of operations x

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. Vann Williams M. D.

Address 3200 Legation Ave. Date signed 4-11-41

VS 2

79545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a ✓

F 79545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1714 E. Monument Street

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 515 Forest Pk. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred ~~Sinco~~ Simcoe ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1873

8. AGE: Years	Months	Days	If less than one day
68	1		hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER 12. Name John Simcoe

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Josephine Wright

MOTHER 15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) APR 12 1941 (Date rec'd by registrar) Thomas J. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1941, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1941 to 4/9 1941, and that I last saw h[illegible] alive on 4/9 1941.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Pulmonary edema	
Due to Cardiac failure	2 weeks
Due to Coronary sclerosis with myocardial degeneration	2 weeks
Other Conditions Hypertensive C.V. renal disease; acute exacerbation	several years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Confirming clinical diagnosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Herbert W. Klein M. D.

Address Sinai Hospital Date signed 4/9/41

VS 2

F 79546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 79546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del. (b) County New Castle Claymont
(c) City or town Claymont
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Hawthorne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3. (a) FULL NAME Mrs. Frances Hastings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife M. Russell Hastings | 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/8/10

8. AGE: Years 30 | Months 4 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Hurlock Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name J. H. Wooters

13. Birthplace Maryland

MOTHER 14. Maiden Name Ida Harvey

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14, 1941 (month) (day) (year)

(c) Cemetery or crematory Hurlock Cemetery

Location Hurlock, Md.

18 (a) Funeral director W. H. Willoughby & Son

(b) Address E. New Market, Md.

19 APR 12 1941 (Date received by Registrar) (b) Registrar Worthington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1941, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1941, to 4-11 1941, and that I last saw h[illegible] alive on 4-11 1941.

Immediate cause of death Cerebral Hemorrhage

Due to Non congenital Aneurism

Due to .....

Other Conditions Hypertension C. V. Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Church Home & Infirmary Date signed 4/14/41

PLEASE WRITE PLAINLY. WITH CREDENCE TO THE DATA ENTERED HEREON MAY DEPEND THE LIFE INSURANCE OF SURVIVORS. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 7:547 ✓ F 7:547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Brunt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widow.

6 (b) Name of husband or wife Charles Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 - 1882

8. AGE: Years	Months	Days	If less than one day
59	3	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Butler
13. Birthplace Md

MOTHER
14. Maiden Name Josephine
15. Birthplace Md

16 (a) Informant Blanche Downs
(b) Address 622 George

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Wm. H. Chase Son
(b) Address 1911 N. Gilmor St

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 10 - 41 19 , at 9:07 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1941, to 4-10 1941, and that I last saw h[illegible] alive on 4-10 1941.

Immediate cause of death	Duration
Hypertension	
Cerebrovascular Disease	1-31-41
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. P. Magruder M. D.
Address Provident Hosp. Date signed 4-11-41

VS 3

F 79548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 79548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3134 Woodhome Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2722 Fenwick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A Kirsch

3 (b) If veteran, name war: Four
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Bessie May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 22, 1884

8. AGE: Years 57 | Months | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: Post Office Clerk
11. Industry or business:

FATHER
12. Name: John L Kirsch
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Elizabeth J. Sapp
15. Birthplace: Balto County

16 (a) Informant: William L Kirsch Jr.
(b) Address: 6003 Edna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/41 (month) (day) (year)
(c) Cemetery or crematory: Balto Cem.
Location: North Ave

18 (a) Funeral director: L. HEEMANN & SON
(b) Address: 32 S Broadway Huntingtown Williams, M.D.

19 APR 12 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 7½ P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William L Kirsch M.D.
Medical Examiner.
Date signed 4/10/41

VS 6

79549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 F 79549 Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Martha Epps
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Henry Epps
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb 10 1879

8. AGE: Years	Months	Days	If less than one day
62	0		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business Non Home

FATHER
12. Name Randolph White
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Jones
15. Birthplace Virginia

16 (a) Informant Mrs Henry Epps
(b) Address 1129 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore Co Maryland

18 (a) Funeral director Joseph A. Lyerly
(b) Address 1029 W. Mount St. Huntington Williams, M.D.

19 APR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10-1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5-1941, to 4-10-1941, and that I last saw her alive on 4-10-1941

Immediate cause of death	Duration
Cerebal hemorrhage	6 days
Due to Hypertension and arterio Sclerosis	long time
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 4-11-41

VS 3

F 79550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 79550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 W Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Senkus

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna Senkus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation none

11. Industry or business Lith.

FATHER
12. Name William
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown.
15. Birthplace Lith

16 (a) Informant Anna Senkus
(b) Address 1313 W Lombard St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 14-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kazenske Dec
(b) Address 602 Washington Blvd

19 (a) APR 12 1941 (Date rec'd by registrar) **(b)** Wm. H. Willi... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1941, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1941, to April 11, 1941, and that I last saw him alive on 4-1 1941

	Duration
Immediate cause of death	
coronary thrombosis	6 hrs.
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenna M. D.
Address 206 S. Gilmor St. **Date signed** 4-11-41

VS 3

F 79551 AMY ✓ F 79551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Amy

3 (b) If veteran, name war

(c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	married

6 (b) Name of husband or wife Minnie B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	25	hr. min.

9. Birthplace Essex County, Virginia (Town, county, and state)

10. Usual Occupation chauffeur

11. Industry or business private

FATHER
12. Name James Amy
13. Birthplace Essex County, Virginia

MOTHER
14. Maiden Name Amanda Peterson
15. Birthplace Essex County, Virginia

16 (a) Informant Mrs. Minnie B. Amy
(b) Address 1606 Druid Hill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto Co. Md.

18 (a) Funeral director Thos. Kane & H. Leland
(b) Address 1613 Druid Hill Ave

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941 at 10 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Underbright M.D. Medical Examiner.
Date signed 4/10/41

F 79552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 79552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5000 Beauregard Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 Beauregard Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-1893

8. AGE: Years	Months	Days	If less than one day
47	6	10	hr. min.

9. Birthplace Spartanburg S. C. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name Lewis Ferguson
13. Birthplace Spartanburg S. C.

MOTHER
14. Maiden Name Dora Currant
15. Birthplace Spartanburg S. C.

16 (a) Informant Mrs. Mamie Ferguson
(b) Address 5000 Beauregard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-41 (month) (day) (year)

(c) Cemetery or crematory
Location Spartanburg S. C.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1637 Hunt[illegible] Hollins Ave

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 41 at 4 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis. (Held for tissue study)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner.
Date signed 4/10/41

79553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-2 Registered No. 29553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Wenfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. 5 Sykesville
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSCOE L. CRISWELL. JR.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1921

8. AGE: Years	Months	Days	If less than one day
19	7	0	hr. min.

9. Birthplace Wenfield, Carroll County Md (Town, county, and state)
10. Usual Occupation laborer.
11. Industry or business odd jobs.

FATHER
12. Name Roscoe L. Criswell Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Irene Scholler
15. Birthplace Maryland

16 (a) Informant Father R. L. Criswell
(b) Address above address.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Winfield Carroll Co Md

18 (a) Funeral director C. M. Wallis
(b) Address Winfield Md

19 APR 12 1941 (b) (Filed by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 6 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Paralytic ileus — Duration
Due to Burns, 1st, 2nd and 3rd. degree, entire body.
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 5, 1941
(c) Where did injury occur? R.R. crossing at Hampton Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? Yes (Specify type of place)
(e) Means of injury truck collided with R.R. train and caught fire

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 4-11-41

Hampton Williams, Md

F 79551

DH 63517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

F 79554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1032 N Eutaw St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1882

8. AGE: Years	Months	Days	If less than one day
58	10	16	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name John Alexander

13. Birthplace Pa.

MOTHER

14. Maiden Name Martha Decatur

15. Birthplace Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 [illegible] Street Baltimore, Md.

19 (a) APR 12 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1941 at 5-40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941 to 4-9 1941.

and that I last saw her alive on 4-8 1941.

Immediate cause of death	Duration
Carcinoma of the breast (Rt) & metastases	1 yr. ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney A. Gellert Jr. M. D.

Address Baltimore City Hosp. Date signed 4-10-41

VS 3

79555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79555 Registered No.

PRINT PLAINLY WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2925 Walbrook Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 Walbrook Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIE ELIZABETH WATERS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Monroe Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 4, 1860

8. AGE: Years 81 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Conrad Schreyer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace: Germany

16 (a) Informant: Mrs. Elmer Feldman
(b) Address: 2925 Walbrook Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8th 1931 to April 9th 1941, and that I last saw her alive on April 9th 1941

Immediate cause of death: Hypertensive Cardiovascular Renal Disease — Duration: ?
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Lawrence Johnson M.D.
Address: 3711 Falls Rd Date signed: 4-11-41

VS 8

29556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 Registered No. 29556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Milton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Vesely Jr.,

3 (b) If veteran, name war: None —

3 (c) Social Security Account No. 215-01-7553 —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married —

6 (b) Name of husband or wife: Anna H. Vesely —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8, 1897

8. AGE: Years 43 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace: Czechoslovakia
(Town, county, and state)

10. Usual Occupation: Printer

11. Industry or business: Md. Color & Printing Co.

FATHER
12. Name: John Vesely, Sr.
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden Name: Catherine Ludwig
15. Birthplace: Czechoslovakia

16 (a) Informant: Mrs. Anna H. Vesely
(b) Address: 519 N. Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory: Oak Hill Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: Fortnit Pimlico Avenue

19 (a) APR 12 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10-1941, at 4 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Fracture Skull.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-9-41
(c) Where did injury occur? 519 N. Milton ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Home While at work? No
(Specify type of place)
(e) Means of injury Scuffle, struck head on pile of wood

23. Signature Harry J. Walsh M.D.
Medical Examiner.
Date signed 4-11-41

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 79557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hill — Birth F 2606 P

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/4/41

8. AGE: Years	Months	Days	If less than one day
		5.	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Jackson
13. Birthplace md

MOTHER
14. Maiden Name Hellane [redacted] Hill
15. Birthplace Md.

16 (a) Informant Hellane Hill
(b) Address 534 N. Calhoun St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) APR 12 1941 (Date Rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/41 19 , to 4/9/41 19 , and that I last saw h[redacted] alive on 4/9/41 19 .

Immediate cause of death	Duration
Atelectasis (Pulmonary) Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted]

Address University Date signed 4/12/41 M. D.

F 79558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 79558

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2731 E Preston St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2731 E. Preston St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret M Slaine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28/75

8. AGE: Years	Months	Days	If less than one day
65	3	17	hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name William L. Tuder

13. Birthplace England

MOTHER

14. Maiden Name Mary Flaherty

15. Birthplace Pa

16 (a) Informant Husband

(b) Address 2731 E. Preston

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location

18 (a) Funeral director Frank V. Pikitonis

(b) Address 2818 E. Baltimore

19 APR 13 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1941, at 12- M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5th 1941, to April 10 1941, and that I last saw h[er] alive on April 5 19 41

Immediate cause of death — Duration

Pneumonia — 6 hrs.

Due to

Due to Arteriosclerosis — 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of Injury

23. Signature [illegible] M. D.

Address 14 E Eutaw Date signed 4-10-41

Form 2659.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 79559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John St.
(c) Hospital or institution: Hospital for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 285 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 N. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) **FULL NAME** Mrs. Caroline Skinner Sothoron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Mr. John H Sothoron
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Feb. 9th, 1897

8. AGE: Years	Months	Days	If less than one day
44	2	2	-- hr. --- min.

9. Birthplace Easton, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Lawrence Skinner
13. Birthplace Easton, Maryland

MOTHER
14. Maiden Name Catherine Valliant
15. Birthplace Clarksville, Tenn.

16 (a) Informant John H. Sothoron Jr.
(b) Address 3507 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/41 (month) (day) (year)
(c) Cemetery or crematory Asbury
Location 14 Miles from Easton

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) APR 13 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1941, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1940, to April 11th 1941, and that I last saw h-d alive on April 11th 1941.

Immediate cause of death Hypostatic pneumonia — Duration 7 days

Due to Cachexia & being bed-ridden

Due to Carcinomatosis

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ovarian tumor with abdominal metastases
Of autopsy

7 in bed for 285 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address Hosp. for Women of Md. Date signed 4/11/41

VS 2 Via Automobile Express — J. H. Sothoron Jr. Escort

79560 F 79560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No. 93767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Withers ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Shady Nook Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lucy A. Burk

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Birdie Burk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58 58	10	11		

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Driver
11. Industry or business State Road Com.

FATHER
12. Name John C K Burk
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ella Cayze
15. Birthplace Md

16 (a) Informant Birdie Burk
(b) Address 219 Shady Nook Ct. Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1219 E Pont St

19 (a) (Date rec'd by registrar) (b) Registrar Houston Williams, M.D.

APR 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 5.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1941, to April 13 1941, and that I last saw him alive on April 12 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive C-V-D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Jobe M.D.
Address St. Agnes Hospital Date signed 4/13/41

F 29561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 29561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Zeuk

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Gerhard P. Zeuk
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1855

8. AGE: Years	Months	Days	If less than one day
85	4	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business None

FATHER
12. Name Friedrich Hillemann
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Heuer
15. Birthplace

16 (a) Informant Conrad V. Zeuk
(b) Address 1931 Eutaw Place

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director Lillian Funk
(b) Address 1217 N. Eutaw St.

19 (a) APR 13 1941 (Date rec'd by registrar) Thurlow Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1941, at 7:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1939 to April 12 1941, and that I last saw h~~er~~ alive on April 11 1941.

Immediate cause of death: Old age and its infirmities — Duration: —

Due to Cerebral Hemorrhage 1939 — Duration: 2 yrs

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. W. Keaconstine
Address 1738 Linden Ave Date signed 4/12/41

79562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79562
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 Barkley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 Barkley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY COATH

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband: William
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1856

8. AGE: Years 84 | Months 7 | Days 26 | If less than one day: hr. min

9. Birthplace Vienna, Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Martin Meier
13. Birthplace Austria

MOTHER
14. Maiden Name Barbara Steinbach
15. Birthplace Austria

16 (a) Informant Clarence T. Coath
(b) Address 3409 Lake Montebello Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Gehr
(b) Address 1217 E. Fort Ave

19 (a) (Date rec'd by registrar) (b) Dr. Hector Williams

APR 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 4-11-41

F 29563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 29563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this space. Physician: please write the causes of death clearly and legibly. Do not use abbreviations or symbols. Do not leave any blanks; if the answer to any item is none, or unknown, so state. Be sure that the cause of death is stated in such terms as to show clearly the general character of the disease causing death, and the part of the body affected by the morbid process. Indefinite or unsatisfactory terms, such as "Heart Failure," "Kidney Trouble," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Senility," "Old Age," "Infection," "Hemorrhage," "Convulsions," "Uremia," "Paralysis," "Meningitis," "Abscess," "Ulcer," "Tumor," "Childbirth," "Abortion," "Miscarriage," "Accident," "Fracture," "Injury," "Burns," "Drowning," "Asphyxiation," "Homicide," "Suicide," "Execution," "Shock," "Collapse," "Exhaustion," "Debility," "Coma," "Unknown," "Undetermined," "Natural Causes," "Multiple Causes," "Multiple Injuries," "Multiple Fractures," "Multiple Burns," "Multiple Abscesses," "Multiple Ulcers," "Multiple Tumors," "Multiple Hemorrhages," "Multiple Convulsions," "Multiple Paralysis," "Multiple Meningitis

F 79564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79564 Registered No.

correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6525 COLGATE AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 & 6
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6525 COLGATE AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM D. EILERS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-03-5020

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 12-1875

8. AGE: Years	Months	Days	If less than one day
65	8	29	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation RETIRED WATCHMAN
11. Industry or business AT GLIDDEN CO.

FATHER
12. Name UNKNOWN
13. Birthplace GREMANY

MOTHER
14. Maiden Name - UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MARGARET BUCHHOLZ (FRIEND)
(b) Address 6525 COLGATE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 14.41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

APR 13 1941

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 11/41 19 , at 6/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to April 1941, and that I last saw h/im alive on April 10 1941.

Immediate cause of death: Auricular Fibrillation — Duration 5-6 days

Due to: Hypertensive cardio vascular disease — 5 years

Due to: Arteriosclerosis — 20 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mark Hollander M. D.
Address 90 Randall Ave. Date signed 4-13-41

VS 3

F 79565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Nemec (54821)

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1886

8. AGE: Years	Months	Days	If less than one day
55	4	-	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank
13. Birthplace Europe

MOTHER
14. Maiden Name Mary Vlah
15. Birthplace Europe

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 14/41 (month) (day) (year)
(c) Cemetery or crematory OAK HILL
Location HORNERS LANE

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) APR 12 1941 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1941, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18, 1940 to Apr. 11, 1941, and that I last saw him alive on Apr. 11, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration Jan. 1938.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Eichen M.D.
Address Balto. City Hospitals Date signed 4-11-41

F 79566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 79566

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3201 N Charles St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3201 N Charles (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann Elizabeth Crook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife James F Crook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1869

8. AGE: Years	Months	Days	If less than one day
71	8	10	9 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roderick Cawley

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Riggins

15. Birthplace Ireland

16 (a) Informant Mrs J Wagner

(b) Address 3201 Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director J. J. Tobey & Sons

(b) Address 31 E Lights St.

19 (a) [illegible] 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1941, at 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to April 10 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death Cardiac dilatation

Due to Arteriosclerosis & Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William G. Queen M. D.

Address Med Arts Date signed 4-10-41

F 79567

cc 60549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Stanionis (Staniazenski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1875

8. AGE: Years 65 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Pulaski Hwy & Belle Co., Md.

18 (a) Funeral director Gorsuch & Sons Funeral Home
(b) Address 1401 Light St

19 APR 13 1941 (Date received by registrar) Registrar of Vital Statistics

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31- 1940, to 4-7- 1941, and that I last saw h~~e~~ alive on 4-7- 1941.

Immediate cause of death
Bronchopneumonia
Cardiac Failure
Duration 5 days ?

Due to
Hypertensive CVD
Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore City Hospitals. Date signed 4-12-41

F 79568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 79568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Patterson (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Van Houten St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget Agnes Ferguson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1875

8. AGE: Years	Months	Days	If less than one day
66	3	12	hr. min.

9. Birthplace Hohokus N J (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Gaughan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Flynn
15. Birthplace Ireland

16 (a) Informant Eugene Gaughan
(b) Address 317 Van Houten St. N J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory
Location Paterson N J.

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Road

19 (a) Date Rec'd by (Registrar) APR 13 1941 (b)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 1a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Lundquist M.D. Medical Examiner.
Date signed 4/13/41

F 79569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 79569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE STS
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 PENROSE AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** WILLIAM JIGGETS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1398

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Lena Jiggetts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 22-1895

8. AGE: Years	Months	Days	If less than one day
65	4	19	hr. min.

9. Birthplace Fairfax Co. Va.
(Town, county, and state)
10. Usual Occupation Retired Balto. Transit Co
11. Industry or business

FATHER
12. Name Euclid Jiggetts
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Ellen Dickson
15. Birthplace Fairfax Co. Va.

16 (a) Informant Mrs. Lena Jiggetts
(b) Address 1902 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Maude Cook Taylor
(b) Address 1600 W. North Ave.

19 (c) APR 13 1941 (Date received by Registrar) (b) 11 A.M.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1941, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9/1941, to 4/10 1941, and that I last saw him alive on 4/10 1941.

Immediate cause of death	Duration
Cerebral Thrombosis	5-6 mos.
Due to Hypertensive Cardio-Vascular Renal	
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Leary Jr. M. D.
Address St. Joseph's Hospital Date signed 4/10/41

(J. B. LEARY)

Thursday

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Undertakers: please see that all items are correctly reported. Information as to age is especially important.

F 79570
395292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 79570
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 MAIN AVE FOREST PK (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E. Knell
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-30-75
8. AGE: Years 65 Months 3 Days 1314 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business Balto. City Schools
FATHER 12. Name Henry Knell
13. Birthplace Md
MOTHER 14. Maiden Name Mary James
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave
18 (a) Funeral director John Mitchell & Son
(b) Address 1900 Eutaw Place
19 (a) (Local registrar) (b) Registrar

APR 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1941, at 430 P M
21. I certify that death occurred on the date above stated; that I attended deceased from MAR 28 1941, to APR 13 1941, and that I last saw her alive on APR 13 1941.

	Duration
Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY SCLEROSIS AND FAILURE	7 YRS. 10 DAS.
Due to	
Due to	
Other Conditions DIABETES MELLITUS (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ward W. Boggs M. D.
Johns Hopkins Hospital Date signed 4/13/41

79571 395684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79571 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town ERIE (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Vermont ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mearl Southworth

3 (b) If veteran, name war

3 (c) Social Security Account No. 175-07-4125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1-28-84

8. AGE: Years	Months	Days	If less than one day
57	2	15	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation Telephone
11. Industry or business

FATHER
12. Name Henry Southworth
13. Birthplace PA

MOTHER
14. Maiden Name Emma Boyle
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory
Location ERIE PA.

18 (a) Funeral director John O. Mitchell & son
(b) Address 1902 Cutaw Place

APR 14 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1941, at 9.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 6 1941, to APR 13 1941, and that I last saw HIM alive on APR 13 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 1 Week
Due to Hypertensive Cardio-vascular disease — Duration ? ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Swizewood
Address Johns Hopkins Hospital Date signed 4/13/41 D.

VS 3

F 79572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 79572

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2741 Huntingdon Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2741 Huntingdon Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Caroline S. Newton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife John Newton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1856

8. AGE: Years	Months	Days	If less than one day
84	11	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Henry Shaffer.

13. Birthplace Md.

MOTHER

14. Maiden Name Catherine ?

15. Birthplace Md

16 (a) Informant Alice Newton

(b) Address 2741 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14/41 (month) (day) (year)

(c) Cemetery or crematory Smallwood

Location Carroll Co. Md

18 (a) Funeral director Shenowith & Donovan

(b) Address 3615-17 Christopher Ave

APR 14 1941 (Date rec'd by registrar) Thurlington Williams M.D.

MEDICAL CERTIFICATION

20. **DATE OF DEATH** April 11, 1941, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to April 11 1941, and that I last saw h[illegible] alive on April 10, 1941.

Immediate cause of death Arterio Sclerosis — Duration unknown

Due to

Due to

Other Conditions Senility —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. B. Evans M. D.

Address 4926 Park Heights Ave Date signed 4-12-41

VS 3

F 79573
OF 63982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79573
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 W. Cross Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard B. Arnold

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0724

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1890

8. AGE: Years	Months	Days	If less than one day
51		16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Revere Copper works

FATHER
12. Name James Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Bray
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Co.

18 (a) Funeral director John J. Dwyer & Son
(b) Address 901 Hollins St.

19 (a) (b) Date rec'd by registrar Washington Nolan registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1941, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1941, to 4-12 1941, and that I last saw him alive on 4-12 1941.

Immediate cause of death: Bronchopneumonia
Due to: Carcinoma of Lung
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 3 days; 4 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Snyder M. D.
Address Balt. City Hosp. Date signed 4-12-41

29574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M

F 29574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lucretia Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Van Lear Reid

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-7662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
21 20	11	15		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Charles W. Reid
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Hall
15. Birthplace Md.

16 (a) Informant Chas. W. Reid
(b) Address 804 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory Christus Mem'l Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. T. Frances A. Hemsley
(b) Address 578 W. Biddle St. Hemsley & Son Baltimore, Md.

19 4 1941 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 6 55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Aneurism entrance pharynx	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/10/41
(c) Where did injury occur? 1405 Bl. Chesapeake Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Gunshot head rear entrance pharynx

23. Signature Wm. B. Anderson M.D. Medical Examiner
Date signed 4/10/41

F 79575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79575 Registered No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Mooney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	7	0		

9. Birthplace New York City N.Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John J. Mooney
13. Birthplace Ireland

MOTHER 14. Maiden Name Annie McCullough
15. Birthplace New York City N.Y.

16 (a) Informant Mrs Nettie C. Mooney
(b) Address 906 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Harford Rd

18 (a) Funeral director Elmer W Corkin Son
(b) Address 924 E. Eager St

19 (a) APR 14 1941 (b) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 2 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull, at base	
Due to Laceration of brain	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 4/4/41 10-1
(c) Where did injury occur? Boston & Lakewood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. H. Vandeventer M.D. Medical Examiner.
Date signed 4/13/41

F 79576 F 79576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Mad-one (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Franklin Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1873

8. AGE: Years	Months	Days	If less than one day
67	6		hr. min.

9. Birthplace Pee Dee N. C. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Atlantic Coast Line

FATHER
12. Name Lige Spencer
13. Birthplace N. C.

MOTHER
14. Maiden Name Janie Henson
15. Birthplace N. C.

16 (a) Informant John Henry Spencer
(b) Address [illegible] 913 Eutaw St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

APR 14 1941 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH april 12 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from april 1 1941 to april 12 1941; and that I last saw h[illegible] alive on april 12 1940.

Immediate cause of death	Duration
Coronary occlusion	
Due to Hypertension Cardio	
Due to Arterio Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eastburn M. D.
Address 823 n Fremont Date signed april 12

VS 3

79577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 79577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Holger A. Koppel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence V. Koppel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1871

8. AGE: Years	Months	Days	If less than one day
69	7	17	hr. min.

9. Birthplace Copenhagen, Denmark (Town, county, and state)
10. Usual Occupation Danish Vice-Consul
11. Industry or business

FATHER
12. Name Frederick M. Koppel
13. Birthplace Denmark

MOTHER
14. Maiden Name Fanny
15. Birthplace Denmark

16 (a) Informant Mrs. Ruth Harat
(b) Address 2722 Silver Hill Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 14, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1922 to April 10 1941, and that I last saw h alive on June 23 1941.

Immediate cause of death Coronary Thrombosis — Duration Sudden death 1 day — 11 years

Due to Coronary artery Sclerosis

Angina pectoris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed

F 79578

F 79578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Park Heights Ave & Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Dunbell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Meyer L. Sirkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie Sirkin

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
55			hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Nyman Sirkin

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah –

15. Birthplace Russia

16 (a) Informant Nathan Sirkin

(b) Address 3408 Dunbell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phila. Pa.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto. St

19 (a) 4-12-1941 (Date rec'd by registrar) (b) Harry Lee Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11 1941, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1941, to 4/11 1941, and that I last saw him alive on 4/11 1941.

Immediate cause of death	Duration
Heart Failure	10 yrs
Due to Arteriosclerotic C.V. Dis.	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Samuel V. Tompakow M. D.
Address Sinai Hospital Date signed 4/11/41

F 79579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-6

F 79579

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St + Lindsay Ave.

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 Sulgrave Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles H Bastem

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edith M. Bastem

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30-1869

8. AGE: Years	Months	Days	If less than one day
71	11	14	hr. min.

9. Birthplace Carlisle Penna. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Abram Bastem

13. Birthplace Carlisle Penna

MOTHER 14. Maiden Name Mary A. Redsecker

15. Birthplace Elizabethtown Penna

16 (a) Informant Catherine R. Brandt

(b) Address 513 Westgate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md.

18 (a) Funeral director A. S. Marshall

(b) Address 3539 Falls Road

19 (a) APR 14 1941 (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1941, at 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1941 to 4/13 1941 and that I last saw him alive on 4/13 1941.

Immediate cause of death	Duration
Myocardial insufficiency and cardiac decompensation	
Due to Cardio-Vascular-Renal Hypertension and Arteriosclerosis	
Due to	
Other Conditions Asthmatic, Emphysema & Bronchitis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William R. Faughlin M. D.

Address Maryland Gen. Hosp. Date signed 4/14/41

F 79580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 79580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LULU SINGLETON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1, 1882

8. AGE: Years	Months	Days	If less than one day
59	2	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Singleton
13. Birthplace

MOTHER
14. Maiden Name Flavilla Maddox
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (b) Date thereof 4-15-41 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Post

(a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St.

19 (a) APR 14 1941 (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Bronchitis, 2nd degree both lower extremities	3-13-41
Due to	
Other Conditions Epilepsy	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence March 13, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fall against hot stove during epileptic convulsion

23. Signature H. L. Ballenweber M.D. Medical Examiner.
Date signed 4-12-41

VS 6

79581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. B 29581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga St.;
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anaarundel
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 353 PATAPSCO PARK (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/11/1900

8. AGE: Years	Months	Days	If less than one day
40	8	22	..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Charles Hammond
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hammond
15. Birthplace Md

16 (a) Informant Charles Hammond
(b) Address Patapsco Park Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14th (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Baltimore Brookland

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley St

19 (a) Date rec'd by registrar (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1941, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1941, to April 10, 1941, and that I last saw her alive on April 10, 1941.

Immediate cause of death	Duration
Lobar Pneumonia, with multiple abscesses right lung	9 days
Due to Complicated by - Diabetic Acidosis	2½ days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia, multiple lung abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Earl Hicks, M. D.
Address Mercy Hosp. Date signed April 19 1941

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the cause of death clearly and legibly. Undertakers: please see that the certificate is correctly filled out in every particular. Physicians: please write the causes

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

79582

79582

CERTIFICATE OF DEATH V 131-a

1. PLACE OF DEATH 1909 E. Biddle St

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Daniel Walter Hicks

(a) Residence: No. 1909 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Hicks

6. DATE OF BIRTH (month, day, year) March 22 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, at silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

FATHER

13. NAME Nelson Hicks

14. BIRTHPLACE (city or town) (State or country) Brunswick Co Va.

MOTHER

15. MAIDEN NAME McKennix

16. BIRTHPLACE (city or town) (State or country) Brunswick Va.

17. INFORMANT Nannie Hicks

(Address) 1909 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary cemetery Date April 11, 1941

19. UNDERTAKER Elroy C. Wilson

(Address) 1000 Brantley ave

20. FILED ... Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1941 to April 9, 1941

I last saw him alive on April 4, 1941 death in said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	7
Carcinoma of Breast	3

Other contributory causes of importance:

Carcinoma Breast

Name of operation None Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. J. Hicks M. D.

(Address) 1432 E. Chase St

79583549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 14

Registered No. F 29583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Brenda Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-38

8. AGE: Years	Months	Days	If less than one day
7	7	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Guy Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Edna Jackson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 16 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) 4/18/41 (Date rec'd by registrar) (b) Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1941, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1941 to Apr 13 1941, and that I last saw h[illegible] alive on Apr 13 1941.

Immediate cause of death	Duration
Meningitis	days
Due to Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy TBC meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P Boelberg M. D.
Address Johns Hopkins Hosp Date signed 4-13-41

VS 8

79584
395730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52-a F 79584
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D of C (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. Roosevelt Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Robert Satterfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ophelia M.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 3-13-73

8. AGE: Years	Months	Days	If less than one day
68	10	28	hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation LAWYER
11. Industry or business R.F.C. U. S. Gov't.

FATHER
12. Name Wm. Meade Satterfield
13. Birthplace Mo.

MOTHER
14. Maiden Name Hattie Douglas
15. Birthplace Mo

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto, Md.

18 (a) Funeral director Wm. J. Lyckman Sons
(b) Address North & Pa Ave.

19 (a) APR 14 1941 (Date received by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 11 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 7 1941, to APR 11 1941, and that I last saw HIM alive on APR 11 1941.

Immediate cause of death Tumor of kidney (right) (hypernephroma) with metastases — Duration: 10 Wks.
Due to Pernicious anemia, — Duration: 2 days.
Due to Uraemia — Duration: ?
Other Conditions Coronary sclerosis — Duration: 6 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation No operation
of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward W. Boyer, M. D.
Johns Hopkins Hosp. Date signed 4/12/41

VS 3

F 79585
395056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V137a

F 79585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Avalon ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry G. Fromuth
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 6-21-60

8. AGE: Years	Months	Days	If less than one day
80	9	24	hr. min.

9. Birthplace Phila Pa (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Finance Business

FATHER
12. Name Christian Fromuth
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhemina Throne
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co. Md.

18 (a) Funeral director Wm. J. Tuttenhoe
(b) Address North & Pa Aves

19 (a) APR 14 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 12 1941, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 24 1941 to APR 12 1941 and that I last saw him alive on APR 12-1941 and that death occurred at 11:20 P M from the cause and contributory causes stated below.

Immediate cause of death	Duration
Post Operative - Prostatectomy Aneurysm; Arteriosclerotic Heart Disease	
Due to Uraemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 9, 1941
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hosp Date signed 4/13/41

VS 8

F 79586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 79586
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Knights of Columbus Cathedral (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Schleunes Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1865

8. AGE: Years	Months	Days	If less than one day
75	6	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Coat Pad Mfgr
11. Industry or business Amer Coat Pad Co.

FATHER
12. Name Francis Schleunes
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Kunzman
15. Birthplace Pennsylvania

16 (a) Informant Mrs Eleanor Schleunes
(b) Address 1705 Lakeside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Huntington Littlepage Registrar

4 1941 VS 29

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1941, to April 13 1941, and that I last saw h.i.m. alive on April 13 1941.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other Conditions Arteriosclerosis, generalized	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Schleunes
Address Church Home & Infirmary Date signed 4/13/41 M. D.

79587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 79587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Paul & 31st Streets
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Paul & 31st Streets (If hotel or institution, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ORRA HARRISON HOBBS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Lee Hobbs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 12, 1860

8. AGE: Years	Months	Days	If less than one day
81	1	29	hr. min.

9. Birthplace Sykesville, Maryland (Town, county, and state)
10. Usual Occupation Supt. of Refrigeration
11. Industry or business B. & O. R. R.

FATHER
12. Name Joseph Henry Hobbs
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Susanna A. Thompson
15. Birthplace Sykesville, Maryland

16 (a) Informant Mrs. Virginia L. Hobbs
(b) Address Hopkins Apts., St. Paul & 31st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/41 Sts. (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

4 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 41, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/36 19 to 4/10 1941 and that I last saw h[im] alive on 4/10 19 41

Immediate cause of death	Duration
Myocardial Insufficiency	Unknown
Due to Arteriosclerosis (Senile)	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. Candler M. D.
Address 2723 St Paul St Date signed 4/13/41

79588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 79588
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 336 Rosebank Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 336 Rosebank Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Curtiss Driver

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Warran M. Driver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1872

8. AGE: Years 68 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Curtiss
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ellen Oakes
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Wilmer H. Driver
(b) Address 104 Yorkleigh Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Govans Presbyterian
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) Filed 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1941, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1940, to Apr 13 1941, and that I last saw h[illegible] alive on April 12 1941.

	Duration
Immediate cause of death: Metastases to lung, liver and bones to my knowledge	14 days
Due to Carcinoma of breast	1937-
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 4/14/41

79589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 79589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Round Hill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Round Hill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Miller

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Arline Koons Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	26	hr. min.

9. Birthplace Rochester, N. Y.
(Town, county, and state)
10. Usual Occupation Sales Representative
11. Industry or business Chapman - Smith Co.

FATHER
12. Name Henry F. Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Martha E. Lower
15. Birthplace Germany

16 (a) Informant Mrs. Arline Koons Miller
(b) Address 1515 Round Hill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge (Family Mausoleum)
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons Inc.
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941 to Apr 12 1941, and that I last saw him alive on Apr 11 1941.

Immediate cause of death	Duration
Coronary Occlusion	—
Due to Angina	6 mos.
Due to Arteriosclerosis	yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 20 40 N. Charles Date signed 4/14/41

14 1941 VS 3

79590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 - Registered No. 29590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1536 W. North Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nannie Hinder (Nannie Virginia Hinder)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Frank Hinder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 3, 1864

8. AGE: Years 77 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace: Virginia (Va) (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER

12. Name: ? Ford

13. Birthplace: England

MOTHER

14. Maiden Name: Jennie ?

15. Birthplace: ?

16 (a) Informant: Mrs. R. M. Stein

(b) Address: 15 W. Mt. Royal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1941 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Balto. Co. Md.

18 (a) Funeral director: Wm. J. Tickner & Sons.

(b) Address: North & Pa. Aves.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1941 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1941 to 4-13 1941 and that I last saw h[illegible] alive on 4-13 1941

Immediate cause of death: Cerebral hemorrhage

Due to

Due to

Other Conditions: Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident - fall

(b) Date of occurrence 4-8 at 9 P.M.

(c) Where did injury occur? Baltimore Balto Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? theater While at work?

(Specify type of place)

(e) Means of injury injury to head

23. Signature Robert Marcus M.D.

Address Redwood & Green Date signed 4-13-41

Howard J. Marcus M.D.

F 79591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 F 79591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 N. Hilton St.
(c) Hospital or institution:
Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Chelsea Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Bowen Rush

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Geo. Benj. McClennan Rush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 10, 1865

8. AGE: Years 75 | Months 11 | Days 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Levi Bowan
13. Birthplace: Md.

MOTHER
14. Maiden Name: Henrietta Trust
15. Birthplace: Md.

16 (a) Informant: Mrs. J. Earl Carroll
(b) Address: 2501 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Aves.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

Apr 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941 to Apr 12 1941; that I last saw h.er alive on Apr 12 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage and Paralysis	March 29/41
Due to Arterio-sclerosis	? ?
Due to Hypertension	
Other Conditions Hypertrophy	about 2 mo.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace Dalbatt M. D.
Address 220 Harrison Date signed Apr 14/41

79592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 79592

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSP
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HARFORD
(c) City or town BELAIR (If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #2 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME DANIEL PAUL FITZPATRICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 9 1865

8. AGE: Years	Months	Days	If less than one day
75	8	43	..... hr. ..... min.

9. Birthplace IRELAND (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Bernard Fitzpatrick
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine —
15. Birthplace Ireland.

16 (a) Informant .....
(b) Address Abingdon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Francys
Location Abingdon, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) APR 14 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 12 1941, at 10 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 5 1941, to APRIL 12 1941, and that I last saw him alive on APRIL 12 1941.

Immediate cause of death	Duration
HEART FAILURE	7 days
Due to LOBAR PNEUMONIA	21 days
Due to	
Other Conditions EMPYEMA.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 4/12

F 79593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/61

F 79593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Clarks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Clarks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SOLOMON M. BRENNER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 216-03-8472

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Rica S. Brenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1873

8. AGE: Years	Months	Days	If less than one day
68	3	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation V.Pres. Mens' Hats Inc.
11. Industry or business Hat Mnfgrs.

FATHER
12. Name Moses Brenner,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ---- Guggenheimer,
15. Birthplace Va.

16 (a) Informant Mr. Morton Brenner,
(b) Address 3405 Clarks Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/41. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director David Samuelson & Son
(b) Address 1502 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar's

APR 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th. 1941, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to April 13 1941, and that I last saw him alive on April 12 1941.

Immediate cause of death Uraemia — Duration 3 wks.

Due to Chronic nephritis - Arterio-sclerosis — Duration 7 years

Due to

Other Conditions Diabetes mellitus
Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Charles S. Reesman M. D.
Address 1413 Eutaw Place Date signed 4/15/41

F 79594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 N. Bruant St reet
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 N. Bruant St reet (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Coates

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
24	10	24 28		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Leroy Coates
13. Birthplace Md

MOTHER
14. Maiden Name Maggie Dorsey
15. Birthplace Md

16 (a) Informant Maggie Coates
(b) Address 1323 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo G. Kelson
(b) Address 1303 Presstman

19 (a) Date received by registrar APR 14 1941 (b) Registrar's signature Hunter G. Williams M.D.

VS 6.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 10:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fatty Degeneration of Liver	
Due to	
Due to	
Other Conditions Acute Bronchio-pneumonia. Acute Hemorrhagic Pancreatitis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Greene M.D. Medical Examiner.
Date signed April 12 1941

F 79595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194 a

F 79595 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts 8C (If rural give location) Eutaw Place & Wilson Sts.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME McNeill B. Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6/1870

8. AGE: Years	Months	Days	If less than one day
71	2	7	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Sol. Brown
13. Birthplace Germany

MOTHER
14. Maiden Name Da Fries Deutsch
15. Birthplace Balto. Md.

16 (a) Informant Mr. Oscar Brown
(b) Address Marlborough Apts 8C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1941 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew Cemetery
Location Belair Ave.

18 (a) Funeral director J. Schnorr & Co
(b) Address 2043 Reisterstown Ave

19 (a) [illegible] (b) [illegible]

APR 14 1941

VSB

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/41 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 19 40 to 4/13 19 41, and that I last saw him alive on 4/13 19 41.

Immediate cause of death	Duration
Acute Coronary occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen
Address Marlborough Date signed 4/13 M. D.

F 79596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79596 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 6
(e) Length of stay in Baltimore (~~yrs., mos.~~, or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town MT Victoria
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Dent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1931?

8. AGE: Years 10 | Months | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Roy Dent
13. Birthplace Md

MOTHER
14. Maiden Name Mary Brewer
15. Birthplace Md

16 (a) Informant University Hosp
(b) Address Greene & Redwood Sts

17 (a) Removal (b) Date thereof 4/14/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Pikesville Md

18 (a) Funeral director Arnold & Rayne
(b) Address Waldorf Md

19 APR 14 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 3 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1941, to 4/13 1941.
and that I last saw h[illegible] alive on 4/13 1941

Immediate cause of death Tbc meningitis — Duration

Due to — 9 months

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Lilas Jr. M.D.
Address University Hosp. Date signed 4/13/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

29597 cc 24323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. E 29597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joe Cooper (Doe)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business Unable to obtain any

FATHER
12. Name ? information
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Meyer

19 (a) APR 14 1941 (b) Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1941, at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10- 1937 to 4-7- 1941, and that I last saw him alive on 4-7- 1941.

	Duration
Immediate cause of death Bronchopn.	5 days
Due to Gen. A. S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Murphy Lady Jr. M.D.
Address Balto City Hosp Date signed 4-8-41

79598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. E 79598

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 544 N. Conway St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Leggett

3 (b) If veteran, name war	3 (c) Social Security Account No.
O	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife Grace Leggett
6 (c) If alive, give age 15 years

7. Birth date of deceased (mo., day, yr.) Oct. 1922.

8. AGE: Years	Months	Days	If less than one day
18 19	6		hr. min.

9. Birthplace North Carolina (Town, county and state)
10. Usual Occupation Hospital Orderly.
11. Industry or business

FATHER
12. Name Richard Leggett
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lossie Brown
15. Birthplace N. Carolina

16 (a) Informant Grace Leggett - wife
(b) Address 544 N. Conway St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (Signature of undertaker or undertaker's representative) APR 14 1941 (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9-41 19 , at 4 20 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 19 41 to 4-9 1941.
and that I last saw h alive on 4-8 19 41.

Immediate cause of death	Duration
Far advanced pulmonary tuberculosis, bilateral	4 mos.
Due to	
Due to	
Other Conditions Cavitation, right.	2 mos.
Hydropneumothorax, rt. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations
of autopsy. Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis McLaughlin
Address UMH. Hosp. Date signed 4-9-41

V8 3

79599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

F 79599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University of Maryland Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Fremont ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Baby Boy Reed Birth F 2642 9

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-8-41

8. AGE: Years	Months	Days	If less than one day hr.	min.
Newborn	7	2		

9. Birthplace University of Maryland Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel Reed.
13. Birthplace West Indies

MOTHER
14. Maiden Name Grace Curry.
15. Birthplace Baltimore Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per E. A. Moore

19 (a) APR 14 1941 (Registrar's signature) Thurlington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941, to April 9 1941, and that I last saw him alive on April 9 1941, 8 pm

Immediate cause of death	Duration
Diabetes	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. King B. E. Sugar, Jr. M.D., M. D.
Address University Hospital Date signed

F 79600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

Registered No. F 79600

64754 SS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) lb yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Johannsen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blount, Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Stella May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
44	?	?	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) APR 14 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1941, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1941, to 4-1 1941, and that I last saw h[illegible] alive on 4-1 1941.

Immediate cause of death: Urethral stricture - gonococcal? Urinary retention — Duration 2 days

Due to: Pneumonia, etiology unknown — Duration 2 wks.

Due to — Duration 1 wk.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-27-41

Major findings of operations: Opening in urethra behind scrotum

of autopsy: Not Performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Tebbett Jr. M. D.
Address Baltimore City Hosp. Date signed 4-2-41

F 79601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 79601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2136 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2136 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Lukenich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Michael Lukenich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	16	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name Carl Schlinner
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Mrs. Irma Ratho
(b) Address 2011 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16/44. (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Mitzke
(b) Address 1401 Edmondson Ave

19 (a) APR 14 1944 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1937 to April 12 1944, and that I last saw her alive on 4/1 1944.

Immediate cause of death Hypertensive cardio-vascular disease — Duration 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Date signed 4/14/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-F

F 79602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida May Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Wm. S. Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1863.

8. AGE: Years 78 | Months | Days 18 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name John Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Arthur S. Rice
(b) Address 1300 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Wittke
(b) Address 1101 Edmondson Ave.

19 (a) APR 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 11 — 1941 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1941 to 4/11 1941 and that I last saw h[illegible] alive on 4/11 1941

Immediate cause of death: Carcinoma of Liver & Gall bladder — Duration 2 Month

Due to:

Due to: — Duration 1 Month

Other Conditions: Decompt Jaundice (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged spatially.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

VS 3

79603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 79603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Warner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1863.

8. AGE: Years 77 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Clear Spring, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name George A. Warner
13. Birthplace Germany

MOTHER 14. Maiden Name Susanne K. Fantz
15. Birthplace Maryland

16 (a) Informant Mr. J. George Walz, Secty. General German Aged Peoples Home
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director Harry A. Kutzler
(b) Address 4101 Edmondson Ave.

19 (a) Date received APR 14 1941 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION 6.25 P.M.

20. DATE OF DEATH Apr. 11/41. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1/40, to Apr. 11/41, and that I last saw her alive on Apr. 8/41

Immediate cause of death: Carcinoma of descending Colon & Rectum. — Duration: 1yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hunds Church M. D.
Address 933 Hanover Date signed Apr 12/41

Death on 7:00 A
H Lane Disp

F 79604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79604

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 St Matthews St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RICHARD JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	13		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name [illegible] Johnson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Aleta Jackson
15. Birthplace Baltimore, Md.

16 (a) Informant Bands —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph B. Locke, Jr
(b) Address 136 + 7, Central Ave.

19 APR 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1941, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Pneumonia — Duration 1 day

Due to Aspiration

Due to

Other Conditions Pertussis Anemia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Aspiration Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Bolberg
Address Johns Hopkins Hosp Date signed 4-13-41 M. D.

VS 8

F 79605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-e

F 79605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive. & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 79 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr. 79 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Genevieve
(If outside city or town limits, write RURAL and give town)
(d) Street No. 199 LaFaye St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Francis A. Operle

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1874

8. AGE: Years	Months	Days	If less than one day
66	6	7	hr. min.

9. Birthplace Lawrence, Ks.
(Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business boat

FATHER
12. Name Frederick Baden
13. Birthplace Baden, Germany

MOTHER
14. Maiden Name Mary Belier
15. Birthplace Baden, Germany

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (b) Date thereof April 14-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St marys
Location Hagerstown

18 (a) Funeral director A Bailey Slade
(b) Address 4907 York Road

19 (a) 4-14-1941 (b) Hagerstown, Md.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 11 1941 at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1940 to Apr. 11 1941, and that I last saw him alive on Apr. 11 1941.

	Duration
Immediate cause of death: Bronchial pneumonia	10 days
Due to: Encapsulated empyema, right	5 days
Due to: squamous carcinoma mucous of	
Due to: left cheek, post-operative	
and post-radiation residual	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/19/40
Major findings of operation: Osteomyelitis of mandible; squamous carcinoma of cheek
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. a duson M. D.
Address U.S. Marine Hospital Date signed 4/14/41
Baltimore, Maryland

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15 F 79606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Elkins Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Elkins Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George A. Sloucle

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-5463

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie M. Sloucle

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1906

8. AGE: Years 35 | Months 2 | Days 21 | If less than one day: hr. ..... min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Sign Inspector

11. Industry or business Bldg Engrs Woodlawn

FATHER
12. Name Richard F. Sloucle
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Loretta Bryan
15. Birthplace Roanoke Va

16 (a) Informant Person in charge
(b) Address 1623 Elkins Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.

18 (a) Funeral director A. Bogley Evans
(b) Address 1400 N Charles St

19 (Date rec'd by registrar) Thomas Register for Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14/41 1941, at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6/41 19 , to 4/14/ 1941 and that I last saw h im alive on 4/13/41 19 .

Immediate cause of death	Duration
Tubercular peritonitis	5 wks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weikel
Address 1226 Hanover St Date signed 4/14/41

F 79607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 79607

UF 64901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Snoderly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1870

8. AGE: Years 70 Months 42 Days 25 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Samuel

13. Birthplace Md.

MOTHER 14. Maiden Name Eliz. Young

15. Birthplace Md.

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 14 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per M. A. Moore

19 (a) APR 14 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6398

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3-1941, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1941 to 4-3-1941 and that I last saw him alive on 4-3-1941.

Immediate cause of death: Lobar pneumonia — Duration: ?

Due to: a. s. HV. Dis — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Hubstein M.D.

Address Balto City Hosp Date signed 4-5-41

F 79608

F 79608
OF 16202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-c

Registered No. F 79608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaiah watts (Isaac)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Anna (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 2, 1876

8. AGE: Years	Months	Days	If less than one day
65	1	1	hr. min.

9. Birthplace Rockville Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wesley Watts
13. Birthplace ?

MOTHER
14. Maiden Name Ella Alexander
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941
COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 14 1941 (Date rec'd by registrar) Thurlow Williams M.D. Registrar

6399

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 4-3 1941, and that I last saw h[im] alive on 4-2 1941.

Immediate cause of death	Duration
Bronchogenic carcinoma left lung & metastases	11 mo.?
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions Wass reaction positive	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 4-4-41

79609

64765 SS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 79609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Saratoga St.
(If rural give location)
2a. Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jackson, John

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-98

8. AGE: Years	Months	Days	If less than one day
42	6	24	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Willis
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 14 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31-1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20-1941, to 3-31-1941, and that I last saw him alive on 3-31-1941.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 4-5-41

F 79610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 79610
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 Willow ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Willow ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME John A. Price

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 - 1878

8. AGE: Years 62 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B & O R.R

FATHER
12. Name Joseph Eusebien
13. Birthplace austria

MOTHER
14. Maiden Name Julia Lewis
15. Birthplace austria

16 (a) Informant Amy Bomb
(b) Address 717 Willow ave.

17 (a) (Burial, cremation, removal) (b) Date thereof (month) (day) (year) 4-15-41
(c) Cemetery or crematory Immaculate Conception Cathedral
Location Old Frederick Rd.

18 (a) Funeral director J. J. Mooney
(b) Address 3800 E. Baltimore St.

19 (a) APR 14 1941 (Date rec'd by registrar) (b) Permit issued Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to 4/11/41, 19..., and that I last saw him alive on 4/10 1941.

Immediate cause of death — Duration
Chronic Myocarditis — 5 yr
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wheaton, M. D.
Address 4309 York Rd. (Date signed) 4/14/41

F 79611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836 Registered No. F 79611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address off Caton Ave
(c) Hospital or institution: Jewish Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RUR and give town)
(d) Street No. off Caton Ave (If rural give location) 1800 Blk Fayette St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Shanahan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1890

8. AGE: Years 51 yrs about | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John T. Shanahan
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth Mc Laughlin
15. Birthplace Baltimore Md

16 (a) Informant Paul L. Shanahan
(b) Address 114 N. Mount St. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo A Epting
(b) Address Fulton & Fayette

19 (a) APR 14 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941, to April 12 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Malignant hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hope M.D. M. D.
Address St Agnes Hospital, Date signed 4/14/41

VS 8

79612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. E 29612

DH 64790

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Conrad Kolmar

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1885

8. AGE: Years	Months	Days	If less than one day
56		27	hr. min.

9. Birthplace N.York (Town, county and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Conrad
13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Johnson
15. Birthplace N.J.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1941 (month) (day) (year)
(c) Cemetery or crematory Abingdon Methodist
Location Abingdon, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 APR 14 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1941, at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29- 1941, to 4-14-1941, and that I last saw h[illegible] alive on 4-14-1941.

	Duration
Immediate cause of death Pneumococcus meningitis	1 wk
" septicemia	"
Due to " endocarditis	?
Foker pneumonia	1 wk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy meningitis, endocarditis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-14-41 M. D.

VS 3

79613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B ✓ F 79613 Registered No.

SS 56260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wharton Warner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/1893

8. AGE: Years	Months	Days	If less than one day
47	4	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Wharton
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Bloxom
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)
(c) Cemetery or crematory
Location Accomac Co. Va.

18 (a) Funeral director Mrs. Guy H. Holland
(b) Address 1631 Druid Hill Ave
(c) Huntington Williams Mgr.

APR 14 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1941, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1940, to 4-12 1941, and that I last saw h[illegible] alive on 4-11 1941.

Immediate cause of death: Carcinoma of the stomach & metastases — Duration: 1 yr.?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 4-12-41

29614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 29614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 McHENRY St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 McHENRY St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT E ANDREWS

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ANNA M ANDREWS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4th 1879

8. AGE: Years 62 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Lutherville Md (Town, county, and state)

10. Usual Occupation PAINTER - (RETIRED)

11. Industry or business

FATHER
12. Name ROBERT ANDREWS
13. Birthplace LAKESVILLE MD

MOTHER
14. Maiden Name SARAH HUGHES
15. Birthplace LAKESVILLE MD

16 (a) Informant FLORA SCHNELL
(b) Address 1503 McHENRY ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15th 41 (month) (day) (year)
(c) Cemetery or crematory Andrews
Location Andrews Md

18 (a) Funeral director Durand A Conaughton
(b) Address 2112 21st St

APR 14 1941 (Date rec'd by Registrar) (b) Huntington Wilkinson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1941, at 7:34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1941, to 4-12 1941, and that I last saw him alive on 4-11 1941.

Immediate cause of death coronary thrombosis — Duration 15 Mins

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenau M. D.

Address 206 S. Gilmor St Date signed 4-12-41

F 79615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-4-B Registered No. F 79615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Rapolla St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Erik Flom

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frieda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1897

8. AGE: Years 43 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business Consolidated Engineering

FATHER
12. Name Olaf Flom
13. Birthplace Norway

MOTHER
14. Maiden Name Anna Midtun
15. Birthplace Norway

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Cleanview Cem
Location Brooklyn, N. Y.

18 (a) Funeral director A. Lee Allen
(b) Address 4644 York Road

APR 15 1941 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1941, at 4:08 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941 to 4-14 1941 and that I last saw h.i.m alive on 4-14 1941.

Immediate cause of death: C.O. Shock — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Cerebral tumor

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto. City Hosp. Date signed 4-14-41

Call Dr Arnold

79616

HEALTH DEPARTMENT—CITY OF BALTIMORE

79616

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Fairview Ave. 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Spangler Strohm

If U. S. Veteran specify WAR

(a) Residence: No. 3614 Fairview Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Strohm

6. DATE OF BIRTH (month, day, year) Mar. 3 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carlisle (State or country) Pa

FATHER

13. NAME Benjamin K. Spangler

14. BIRTHPLACE (city or town) Carlisle (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Rodhoo

16. BIRTHPLACE (city or town) Carlisle (State or country) Pa

17. INFORMANT Gayle S. McKnight

(Address) 3614 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastwood Cem. Date Mar. 16 1941

Carlisle Pa

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. FILED APR 15 1941 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1941, to Apr 14, 1941

I last saw him alive on Apr 14, 1941. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease, Chronic Myocarditis	8-10 yrs.
Other contributory causes (Importance) Right Paralysis	6 days
Acute Heart Failure Angina	1 day

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lester E. Fiste M. D.

(Address) 10 E. Madison St.

N. B.—WRITE PLAINLY WITH PENCIL OR PEN AND INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93-D

Registered No. F 79617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 N. Fulton Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 1914 N. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara M. Amoss

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1860

8. AGE: Years	Months	Days	If less than one day
90	11	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William Edward Amoss
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Ann E. Clapp
15. Birthplace Balto, Md.

16 (a) Informant Clara B. Hawkins
(b) Address 1914 N. Fulton Ave.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

APR 15 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~his~~ death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio - Vascular	
Due to disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilfram G. Fellbach M.D.
Medical Examiner.

Date signed 4/14/41

VS 6

F 79618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 96

F 79618 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 2920 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Freiburger

3 (b) If veteran, name war Spanish | 3 (c) Social Security Account No. 218-07-5673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1864

8. AGE: Years	Months	Days	If less than one day
76	3	23	hr. min.

9. Birthplace Charlotte N.C. (Town, county, and state)
10. Usual Occupation Special Detective
11. Industry or business

FATHER 12. Name George A. Freiburger
FATHER 13. Birthplace Baltimore, Md.
MOTHER 14. Maiden Name Theresa Braungardt
MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant John R. Henderson
(b) Address 601 Edmondson Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) APR 15 1941 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941 at 2:10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death ~~Pneumonia~~ Rheumatic heart disease -	
Due to mitral stenosis.	
Antecedent Cause:	
Due to autopsy undetermined	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Landrum Gryb M.D. Medical Examiner
Date signed 4/13/41

F 79619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

F 79619

MARGIN RESERVED FOR BINDING

TE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Aiken St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth Doyle

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 2125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 19th 1884

8. AGE: Years	Months	Days	If less than one day
57	0	25	hr. min.

9. Birthplace Ireland (town, county, and state)
10. Usual Occupation Laundress
11. Industry or business Bon Secours Hospital

FATHER
12. Name Peter Doyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Doyle
15. Birthplace

16 (a) Informant Joseph V. Doyle
(b) Address 1818 Aiken St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore
(a) Funeral director Wellwood Sons
(b) Address 1217 E Fayette St
(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1941, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1941 to 4-14 1941 and that I last saw her alive on 4-14 1941

Immediate cause of death: Generalized Arteriosclerosis & probably Cerebral Thrombosis — Duration: 7 years

Due to: — Duration: 10 days

Due to: —

Other Conditions: Rheumatic Heart Disease — Duration: 7

(Include pregnancy within 3 months of death)

Date of operation 3-24-41

Major findings of operation: Craniotomy - negative

of autopsy: Generalized Arteriosclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.
Address 2025 N. Fayette St Date signed 4-14-41

F 79620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town S. Helena
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Maple Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Eva I. McCrobie

3 (b) If veteran, name war —— no

3 (c) Social Security Account No. 234-03-086

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Paul O. McCrobie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1898

8. AGE: Years	Months	Days	If less than one day
43	2	10	hr. min.

9. Birthplace Jeanette, Pa.
(Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Merryman Pure Milk Cafeteria

FATHER
12. Name Clement Henry
13. Birthplace Belgium

MOTHER
14. Maiden Name Hortense Mayer
15. Birthplace Belgium

16 (a) Informant Paul O. McCrobie
(b) Address 209 Maple Ave - St. Helena

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by Registrar APR 15 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to April 14 1941, and that I last saw her alive on April 12 1941.

Immediate cause of death	Duration
Intestinal obstruction	
Due to twisted Gangrenous Omentum & Adhesions	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 10, 1941
Major findings of operation: twisted gangrenous Omentum, Adhesions
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roan L Bierpont M. D.
Address Md Gen. Hosp. Date signed Apr. 15/41

F 79621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 79621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4500 Kathland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur H. Nicholson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-14-6415

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	23	hr. min.

9. Birthplace Montgomery Co., Md. (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business

FATHER
12. Name Richard Nicholson
13. Birthplace Maryland

MOTHER
14. Maiden Name Adele Engelbrecht
15. Birthplace Maryland

16 (a) Informant Hosp. Records
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/41 (month) (day) (year)
(c) Cemetery or crematory St. Mark's Lane Church
Location Highland Howard Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) APR 15 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1941, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1941 to 4-12 1941, and that I last saw h alive on 4-12 1941

Immediate cause of death Toxemia due to perirenal abscess
Due to Kidney stricture and pyonephrosis
Due to Hypertrophy of prostate gland (benign)
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Duration
11 days
3
5

Major findings:
Of operations abscessus in left flank, retroperitoneal
Of autopsy Confirmed above diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo B Barnes
Address Mercy Hospital Date signed 4-12-41

F 79622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-M

F 79622 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 7 Days
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 E. 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie I. O'Connor

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NIBE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~:
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 17th 1878

8. AGE: Years	Months	Days	If less than one day
62	4	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Teacher of Expression
11. Industry or business Self

FATHER
12. Name Patrick O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth D. Ryan
15. Birthplace Ireland

16 (a) Informant Ella V. O'Connor
(b) Address 619 E. 33rd St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/17/41 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 427 S. Paca St

19 (a) (Date rec'd by registrar) (b) Lexington Filed by registrar APR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 14 - 1941, at 3:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7-1941, to 4-14-1941, and that I last saw her alive on 4-14-1941.

Immediate cause of death	Uremia	Duration
Due to	Hypertensive cardiovascular-renal disease	
Due to		
Other Conditions	Possible abdominal neoplasm	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lehmenson M. D.
Address St. Joseph's Hosp Date signed 4-17-41

F 79623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a F 79623 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hosp. #1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d.
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lemuel Brown

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO

4. Sex: Male
5. Color or race: W
6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10th 1881

8. AGE: Years 59 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Cecelia Brown
15. Birthplace Md

16 (a) Informant Edward Brown
(b) Address 2209 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director Jos Cook
(b) Address 1217 St Paul St

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, Registrar

APR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-41 19..., at 3 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941, to 4-13 1941, and that I last saw h/m alive on 4-13 1941.

Immediate cause of death Laennec's Cirrhosis of Liver — Duration over

Due to

Due to

Other Conditions Asymptomatic Nitrogen Azotemia (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rypanek M. D.
Address St Joseph's Hosp Date signed 4-13-41

F 79624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 79624
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cleveland Ave & Monument Sts.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Forest Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank L. Kaplan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1901

8. AGE: Years	Months	Days	If less than one day
39	9	8	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Abraham Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Rabinowitz
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-N-41 (month) (day) (year)
(c) Cemetery or crematory Har Hasetim
Location Edgerton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) APR 15 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1941, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1941, to 4/13 1941, and that I last saw him alive on 4/13 1941.

Immediate cause of death Heart Failure — Duration 8 weeks
Due to Coronary Thrombosis
Due to Coronary Artery Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel V. Tompakow
Address Sinai Hospital Date signed 4/16/41

F 79625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 46-D

F 79625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp. 46
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5420 S. Pulaski (If rural give location) 20 SS
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Mr. Max Omansky

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0790

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: SUSIE
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 63 | Months | Days | If less than one day hr. min.
9. Birthplace: RUSSIA (Town, county, and state)
10. Usual Occupation: COAT PRESSER
11. Industry or business

FATHER
12. Name: NOT KNOWN
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: NOT KNOWN
15. Birthplace: RUSSIA

16 (a) Informant: MOST RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory: WASH. BLVD
Location: GANOSDOWNE
18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Balto St Huntington Williams, Mgr.
19 (a) (b) Registrar

APR 15 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1941, at 5:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1941 to 4/14 1941, and that I last saw him alive on 4/14 1941.

Immediate cause of death: Carcinoma of stomach — Duration: 5 mos
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Harold A. Gutt M.D.
Address: W. B. G. H. Date signed 4/14/41

F 79626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-at 79626 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Lock Haven (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 E. WATER ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leon Henry.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David
13. Birthplace Russia

MOTHER
14. Maiden Name Reva
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)
(c) Cemetery or crematory Lock Haven
Location Pennsylvania

18 (a) Funeral director Jack Lang Inc
(b) Address 1429 E. Baltimore St

19 (a) APR 15 1941 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-41 19 , at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1941, to April 15 1941, and that I last saw her alive on April 15 1941.

Immediate cause of death	Duration
Coronary occlusion (Thrombosis)	1 hr.
Due to Arteriosclerosis of Coronary arteries	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey L. Fuller, M.D. M. D.
Address Sinai Hospital Date signed 4/15/41

VS 3

F 79627

F 79627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V49-W

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Baltimore Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Cohen - RACHAEL COHEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David David
13. Birthplace Russia

MOTHER
14. Maiden Name Libiby
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-Nov-41 (month) (day) (year)
(c) Cemetery or crematory Forrami
Location Woodlawn Mill Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Baltimore St.

19 (a) APR 15 1941 (Date rec'd by registrar) (Registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1941, at 9:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to April 14 1941 and that I last saw h.e.r. alive on April 14 1941

Immediate cause of death Bronchopneumonia — Duration 3 wks
Due to Carcinomatosis — 7
Due to Carcinoma of Ovary
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3/28/41
Major findings of operation: Generalized Carcinomatosis
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. H. Tarshis M. D.
Address Holland Ave Monument & Date signed 4/14/41

F 79628

7.79628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & N. Chas. Sts
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Rent. Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Belford - FRANK BELFORD

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation grocer

11. Industry or business Retail

FATHER
12. Name David Belford
13. Birthplace Russia

MOTHER
14. Maiden Name Leah
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pikesville Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E. Baltimore St.

19 (a) 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-41 at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1941 to 4-14 1941 and that I last saw h alive on 4-13 1941.

Immediate cause of death Coronary occlusion — Duration 24 hrs

Due to Arteriosclerosis — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H Cohen, M.D.
Address Sinai Hosp Date signed 4/17/41

79629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 79629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E University Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmund Starr Coale

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Jones Coale

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 25, 1897

8. AGE: Years 44 | Months 1 | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Real Estate Broker

11. Industry or business: Albert Strobel Co.

FATHER
12. Name: Jos. G. Coale
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Florence Myers
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Ruth J. Coale
(b) Address: 300 A. E. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

APR 15 1941 (Date received by Registrar) (b) Huntington Williams, MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941 at 9 05 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ~

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Holland M.D. Medical Examiner.

Date signed 4/14/41

79630
OF 65177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

F 79630
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 S. Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4083

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Nancy (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1882

8. AGE: Years	Months	Days	If less than one day
58	7	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Augustus Lucas
13. Birthplace Md.

MOTHER
14. Maiden Name Mary
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Dispersion St. Baltimore, Md.

19 (a) APR 15 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12- 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12- 1941, to 4-12- 1941, and that I last saw him alive on 4-12- 1941.

Immediate cause of death	Duration
Bronchopneumonia	7
Myocard. infarction	7
Due to	
Gen. A-S.	?
Due to	
	Unk
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. McVaugh Lukens M. D.
Address Balto City Hosp. Date signed 4-14-41

F 79631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-D

F 79631

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Fremont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 N. Fremont ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Glasper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1876

8. AGE: Years	Months	Days	If less than one day
65 64	3		hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Jacob D Douglas
(b) Address 701 N. Fremont ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) Registrar

APR 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941 at 6 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 19 1941 to April 12 1941, and that I last saw h alive on 19 41.

Immediate cause of death	Duration
Carcinoma of Stomach	2 Months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. H. Mowell M. D.
Address 761 Hanlon Date signed 4-12-41

VS 3

F 79632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-4

F 79632 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Argyle Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Woodson Birth F 22920

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-41

8. AGE: Years	Months	Days	If less than one day
	2	17	hr. min.

9. Birthplace Balto Balto, Md. (town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Benj Roberts
13. Birthplace PLA

MOTHER
14. Maiden Name anna Woodson
15. Birthplace Md

16 (a) Informant Anna Woodson
(b) Address 1233 argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt auburn
Location Mt Winans Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) APR 15 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1941, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941, to 4-12 1941, and that I last saw h[illegible] alive on 4-11 1941.

Immediate cause of death Internal hydrocephalous — Duration since birth

Due to

Due to

Other Conditions Spastic quadriplegia hydrocephalous

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Brenner M. D.
Address University Hospital Date signed 4-12-41

F 79633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 21 days
(e) Length of stay in Baltimore (yrs., mos., or days): 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Carroll
(c) City or town: New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Keener J. Thompson

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Ryan

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1886

8. AGE: Years: 55 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: New Windsor, Maryland (Town, county, and state)

10. Usual Occupation: Truck Helper

11. Industry or business: Coal Company

FATHER
12. Name: Daniel Thompson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sidney
15. Birthplace: Maryland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 15, 1941 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location:

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N. Schroeder St

19 (a) APR 15 1941 (Date received by local registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11, 1941, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1941, to April 11 1941, and that I last saw him alive on April 11, 1941.

	Duration
Immediate cause of death: Broncho pneumonia	3 weeks
Due to: Pulmonary tuberculosis	2 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Paul W. Lucas M. D.
US Marine Hospital
Baltimore, Maryland.
Date signed: April 12 1941

F 79634

54404 (OF)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1418 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary P. Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	16	hr. min.

9. Birthplace North Caroline (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Miles Moore (d)
13. Birthplace WINTERVILLE N.C.

MOTHER
14. Maiden Name Sarah (d)
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1941 (month) (day) (year)
(c) Cemetery or crematory Greenwilley
Location N. C.

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1941 at 2 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4- 1940, to 4-11- 1941. and that I last saw h alive on 4-11- 1941

Immediate cause of death: Bronchopneumonia. — Duration

Due to: Hypertension CVD

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 4-14-41 M. D.

F 79635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-D

Registered No. 79635

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 n. gilmor st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 n. gilmor st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Shorter Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	married

6 (b) Name of husband or wife Byrd Dennis
6 (c) If alive, give age about 55 years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1887

8. AGE: Years	Months	Days	If less than one day
54	2	14	— hr. — min.

9. Birthplace Bladensburg, Md (Town, County, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Shorter
13. Birthplace maryland

MOTHER
14. Maiden Name Emaline Hall
15. Birthplace maryland

16 (a) Informant Rachel Lewin
(b) Address Walkersburg, Penna.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 W [illegible] Huntingtown Maryland

19 (a) APR 15 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4.12.41 19 , at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9.40.40 19 , to 4.12.41 19 , and that I last saw her alive on 4.7.41 19 .

Immediate cause of death	Duration
Congestive heart failure	
Due to chronic nephritis	9.4.40
Due to cardio vascular disease	9.4.40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

(f) Signature James M. Fair M. D.
Address 400 N Carrollton ave Date signed 4.12.41

F 79636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79636 Registered No. 124-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PINK POMPEY (POMPIE)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4681

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife SOPHIA POMPEY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1898

8. AGE: Years	Months	Days	If less than one day
43	-	10	hr. min.

9. Birthplace Summerville, S. C. (Town, county and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Pink Pompey
13. Birthplace South Carolina

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Wife Sophia Pompey
(b) Address same address.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1941 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerrhosis of liver atrophic, non-alcoholic — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 4-12-41

USE MORGUE

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 79637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D

F 79637 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1269 S. Ocarlay St., Balto., Md.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Gordon Garner

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. ?

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alice A. Sheets
6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1888

8. AGE: Years 53 | Months 2 | Days 2[illegible]23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Foreman
11. Industry or business: Balto. City, Dept. Water Sup

FATHER
12. Name: John C. Garner
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Anna V. Armstrong
15. Birthplace: ? Virginia

16 (a) Informant: Records-U.S. Marine Hospital
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 17, 41 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Frederick Road

18 (a) Funeral director: Jos. Walter May
(b) Address: 619 N. Bouldin St

Apr 15 1941 Huntington Williams (Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 19 41, at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 19 41, to Apr. 13 19 41, and that I last saw h in alive on Apr. 13 19 41.

Immediate cause of death	Duration
Carcinomatous metastases to brain	about 3 mos.
Due to Carcinoma of lung	unkn.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: none
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, Suicide, or Homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [signature] M. D.
Address: U.S. Marine Hospital Date signed 4/14/41

F 79638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 79638 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Hugh Livingston May

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
64	3	3	hr. min.

9. Birthplace [illegible] (Town, county, and state)
10. Usual Occupation [illegible]
11. Industry or business

FATHER
12. Name Thomas H. [illegible]
13. Birthplace Livingston Co., [illegible]

MOTHER
14. Maiden Name [illegible] Postwick
15. Birthplace Decatur Co., Ia.

16 (a) Informant [illegible]
(b) Address Baltimore, [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 41 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director Dr. Walter May
(b) Address 619 N. Bond St. Washington Medical Bldg.

19 (a) April 16 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1941 to Apr. 13 1941, and that I last saw him alive on Apr. 13 1941.

Immediate cause of death [illegible] — Duration 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation --
Major findings of operation: --
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature] M. D.
Address U. S. Marine Hospital Baltimore, Maryland Date signed 4/14/41

F 79639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No. F 79639

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3313 Hudson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Hudson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Anna Sahlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Anton Sahlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1867

8. AGE: Years	Months	Days	If less than one day
73	7	2	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John Lintz
13. Birthplace Germany

MOTHER
14. Maiden Name MARY KLOB
15. Birthplace Germany

16 (a) Informant Milton Sahlman
(b) Address 3313 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory First Evangelical
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway.

19 (a) APR 15 1941 (Date received by Registrar) (b) Huntington Pittman, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2d 1940 to Apr 13 1941. and that I last saw h alive on Apr 12 1941.

Immediate cause of death Carcinoma of pancreas with Enlarged abdominal glands.

Duration 7-10-Y.D.

Due to Chronic Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ea Schumacher M. D.
Address 614 S. Ellwood Ave Date signed 4-14-41.

F 79640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 79640 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Hermosa Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Hermosa Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura A. Reichard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/56

8. AGE: Years 85 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Michael Reichard
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Mary Smith
15. Birthplace Pennsylvania

16 (a) Informant August Stamm
(b) Address 2506 Hermosa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 17 41 (month) (day) (year)

(c) Cemetery or crematory Mt Bethel
Location Columbia Pa

18 (a) Funeral director Langahm Funeral Home
(b) Address 7401 Belair Rd.

APR 15 1941 (Date received by Registrar) (b) J. William Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941. 75 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 10 1941, to April 15 1941, and that I last saw h[illegible] alive on April 14 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to arteriosclerosis — Hypertension. Senility —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Burke Boyle M. D.
Address 5304 Harford Rd Date signed 4/15/41

VS 3

F 79641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Roland Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Roland Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Yeagle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Widower

6 (b) Name of husband or wife Laura V. Yeagle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1864.

8. AGE: Years	Months	Days	If less than one day
76	9	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Brick Layer

FATHER
12. Name Daniel B. Yeagle
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Winters
15. Birthplace Md.

16 (a) Informant Laurence G. Yeagle
(b) Address 2130 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) (b) Williams

APR 15 1941 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1941, to Apr 12 1941, and that I last saw h[im] alive on Apr 11 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arteri-sclerosis & Chronic Nephritis	10 yrs.
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Donovan

Address 846 W 36th St. Date signed 4/14/41

3935484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79642
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 E. Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Schreiber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-37

8. AGE: Years	Months	Days	If less than one day
3 1/2	5	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Schreiber
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Lacher
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director John Ulsh
(b) Address East Allegany St

19 (a) Date received by registrar APR 15 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 11 1941, at 920 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1941, to Apr 11 1941, and that I last saw him alive on Apr 11 1941.

Immediate cause of death: Acute Leukemia ? Myeloid — Duration 1 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 4-11-41

F 79643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 79643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Northwick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Northwick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs. Sarah Elizabeth Keith

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Keith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 25-1866

8. AGE: Years: 74 | Months: 8 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business:

FATHER — 12. Name: William L. Hauck
13. Birthplace: Maryland

MOTHER — 14. Maiden Name: Rosena Myers
15. Birthplace: Maryland

16 (a) Informant: Mrs. Lester D. Shay
(b) Address: 1516 Northwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 16-1941 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Baltimore Co. Md.

18 (a) Funeral director: Horace F. Burgee
(b) Address: 3631 Falls Road

19 (a) APR 15 1941 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13- 1941, at 12 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 8 1941, to April 13 1941, and that I last saw her alive on April 13 1941.

Immediate cause of death	Duration
Cardio Vascular disease Myocardial Dilatation.	4 mos. 2 mo.
Due to C. P. C. Liver & Kidneys.	1 mo
Due to Cardiac asthenia.	3 da.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. Thomsen M.D.
Address 806 W Fulton St Date signed April [illegible]

F 79644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 79644 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 183 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Weldon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Krauk (59979)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Pembroke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1907

8. AGE: Years	Months	Days	If less than one day
34		1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name John Schaffer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15-1941 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Arcadia
Location Carroll Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Fallstaff Rd. Hillsmere

19 (a) APR 15 1941 (b) Registrar
Date received by Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1940, to Apr. 12, 1941, and that I last saw h. er alive on Apr. 12, 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1932.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McDaniel Lebeda M. D.
Address Balto. City Hospital Date signed 4-12-41

F 79645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 79645 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 W. Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PEARL SLAUGHTER.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 41 48 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business day jobs.

FATHER
12. Name George Slaughter
13. Birthplace Maryland

MOTHER
14. Maiden Name Anderson
15. Birthplace

16 (a) Informant friend - William Clark
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md
18 (a) Funeral director Mrs. Frances A. Hendrix
(b) Address 328 Pt. Street
19 (a) APR 15 1941 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease.
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 4-12-41

VS 6

F 79646 65013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79646 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 569 Prestman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgia Phillips

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1882

8. AGE: Years	Months	Days	If less than one day
68	8	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation relief
11. Industry or business

FATHER
12. Name George Tillman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Myp Frances A. Hensley
(b) Address 5704 W. Biddle st.

19 (a) APR 15 1941 (Date rec'd by registrar) (b) Washington Nobis Baltimore

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1941, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6- 1941 to 4-13- 1941. and that I last saw h- alive on 4-13- 1941.

Immediate cause of death	Duration
(a) Uremia	?
Cardiac Failure	?
Due to (b) Hypertension CVD	?
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cardiac enlargement

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mearns Lobstein M. D.
Address Balto City Hosp. Date signed 4-14-41

F 79647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79647

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 608 Dolphin St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 608 Dolphin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah C. Dodd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1881

8. AGE: Years 60 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and State)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Jacob Myers

13. Birthplace Md

MOTHER 14. Maiden Name Eliza Wright

15. Birthplace Md

16 (a) Informant (Mr.) Blanch Thomas

(b) Address 507 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director Frances A. Hendley

(b) Address 518 W. Baltimore St.

19 (a) APR 15 1941 (b) Burial Permit No. 12

(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12 1941, at 7-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to April 12 1941, and that I last saw h alive on April 12 1941.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles Hendley M. D.

Address Date signed 4-15-41

F 79648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓ Registered No. F 79648

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALPHEUS T. HAYNIE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Elizabeth M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1886

8. AGE: Years	Months	Days	If less than one day
55	2	3	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation car mechanic
11. Industry or business B.& O. R.R.

FATHER
12. Name Cornelius Haynie
13. Birthplace Virginia

MOTHER
14. Maiden Name R. Welsh
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth M. Haynie
(b) Address 2204 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15 '41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto City

18 (a) Funeral director C. Wippert & Son
(b) Address 800 Eutaw

19 (a) APR 15 1941 (Date rec'd by registrar) (b) Huntingtown, Calvert Co., Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions ha

(Include pregnancy within 3 months of death)

Major findings:
Of operations ha
Of autopsy ha

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Signed 4-11-41

F 79649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. X ✓F 79649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. BRIGHTON
(c) City or town Arlington P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. Fairmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen McCarthy

3 (b) If veteran, name war —

3 (c) Social Security Account No. NO

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/13/1897

8. AGE: Years 44 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Balto. md (Town, county, and state)

10. Usual Occupation Employee Laundry

11. Industry or business with Hoffheimer

FATHER
12. Name John T. McCarthy
13. Birthplace Balto md

MOTHER
14. Maiden Name Frances L Magee
15. Birthplace Balto md

16 (a) Informant Henry McCarthy
(b) Address 6626 Brighton St Brighton, Balto Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto md

18 (a) Funeral director Henry B Bauman & Son
(b) Address 2924 Edmondson Ave Huntington Park Mortuary

19 (a) (Local registrar) (b) Registrar

APR 15 1941

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1941, at 9:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19- 19 41, to 4-14- 1941, and that I last saw h er alive on 4-14- 1941.

	Duration
Immediate cause of death Malignant hypertension	
Due to Acute glomerulo-nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hoffe M.D. M. D.
Address St Agnes' Hospital Date signed 4/14/41.

F 79650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-41

F 79650 Registered No.

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 Dawson
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County No
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Dawson Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Samuel J Williams

3 (b) If veteran, name war W W I

3 (c) Social Security Account No. 216-07-1698

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Aug 17 1896

8. AGE: Years 44 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John W Williams
13. Birthplace Md

MOTHER 14. Maiden Name Alba Lovell
15. Birthplace Balto Md

16 (a) Informant Gertrude Lee
(b) Address 645 Lee Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brown Son
Address 1600 (illegible) of 45 Montgomery St

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/41 19 ____ at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/41 19 41 to 4/11/41 19 41 and that I last saw h[illegible] alive on 4/11/41 19 41.

Immediate cause of death Cerebral apoplexy, Uremia, Cardio-renal disease. — Duration 3 days

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: ____

of autopsy: ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Jaffurs M. D.

Address [illegible] Date signed 4/14/41.

VS 3

79651

HEALTH DEPARTMENT—CITY OF BALTIMORE

79651

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH 39

CITY OF BALTIMORE: (No. 3910 Edmondson Ave. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth F. Elder

If U. S. Veteran specify WAR .....

(a) Residence: No. 3910 Edmondson Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Jan. 20, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William P. Elder

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth M. Rehling

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Elizabeth M. Elder
(Address) 3910 Edmondson Avenue

18. BURIAL, ~~CREMATION~~, ~~REMOVAL~~
Place Western Cemetery Date 4/15/41

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N. Calvert St. Huntington Ave. Baltimore, Md.

20. FILED ..... 19....
Registrar.

APR 15 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1941

22. I HEREBY CERTIFY, That I attended deceased from 4/Dec, 1941, to 4/12, 1941

I last saw him alive on 4/11, 1941. Death is said to have occurred on the date stated above, at 11 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with myocarditis	4/9/41
Nephritis	
	1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. T. Baltzley M. D.

(Address) 3921 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 79652

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jenkins Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Clifton Ave (If rural give location) Jenkins Hosp
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Rea

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1864

8. AGE: Years	Months	Days	If less than one day
76	11	14	hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Daniel Rea
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Quinn
15. Birthplace Ireland

16 (a) Informant Chart
(b) Address Jenkins Memorial

17 (a) Burial (b) Date thereof 4/17/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd & Augusta Ave

18 (a) Funeral director H. W. Mears & Son
(b) Address 803 N Calhoun St Hunting Ton Williamsport, Md

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 8 APR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1941, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1944 to 4-15 1941, and that I last saw h[illegible] alive on 4-8 1941.

Immediate cause of death	Duration
Angina Pectoris	
Coronary Sclerosis	
Due to	
Due to	
Other Conditions Squamous cell carcinoma ? — Breast	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos Parks M. D.
Address St Agnes Hosp Date signed 4/16/41

F 79653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46F

F 79653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Clifton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 75 yrs. 15 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Clifton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Eliza Rea

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James A. Rea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1853

8. AGE: Years	Months	Days	If less than one day
87	8	2	..... hr. ..... min.

9. Birthplace Peach Bottom, Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Leonard
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Bridget Kelly
15. Birthplace ----- Ireland

16 (a) Informant William G. Rea
(b) Address 1104 Portland St., Pittsburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director H. W. Mears my Son
(b) Address 805 North Calvert Street

19 (a) (Date rec'd by registrar) (b) Huntington, West Virginia

APR 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1940, to Apr. 13 1941, and that I last saw her alive on April 12 1941.

Immediate cause of death	Duration
Carcinoma of Gall Bladder	2 years
Due to	
Old chronic cholecystitis	1911
Due to	
Other Conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Knapp M. D.
Address 3030 Edmondson Ave. Date signed Apr. 14

F 79654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79654 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 das
(e) Length of stay in Baltimore (yrs., mos., or days) 46 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Edwardsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. --
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
LINWOOD SUTTON

3 (b) If veteran, name war

3 (c) Social Security Account No. unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1920

8. AGE: Years	Months	Days	If less than one day
21	3	11	hr. min.

9. Birthplace Edwardsville, Virginia
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business merchant vessel

FATHER
12. Name Robert Sutton
13. Birthplace Edwardsville, Va.

MOTHER
14. Maiden Name Carrie Day
15. Birthplace Edwardsville, Va.

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Edwardsville, Va.
Location

18 (a) Funeral director Mrs. E. Nelson
(b) Address 1303 Presstman

19 (a) (Signature of Registrar) (b)

APR 15 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 27 1941, to Apr. 13 1941, and that I last saw him alive on Apr. 13 1941.

Immediate cause of death Inanition — Duration unkn.

Due to primary tuberculous peritonitis and secondary — unkn.

Due to peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/28/41

Major findings of operation: tuberculous peritonitis.

Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Audenried M. D.

Address U.S. Marine Hospital Baltimore, Maryland Date signed 4/14/41

F 79655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 79655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 N. Strieker St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Strieker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Henson Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Martha Green

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 77 Months 76 Days — If less than one day hr. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mary Smith
(b) Address 512 N. Strieker St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Calvert St. Md.

18 (a) Funeral director Wm. H. Nelson
(b) Address 1303 Pennsylvania Ave.

19 (a) APR 15 1941 **(b)** Registered by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941, to April 12 1941, and that I last saw h[illegible] alive on April 10 1941.

	Duration
Immediate cause of death Gastroenteritis	10 days
Due to Nephritis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Stuppard, M. D.
Address 1063 Myrtle Ave. **Date signed** 4-13-41

VS 3

F 29656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-a

Registered No. 29656

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 14 Days
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Paca St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie A Bennett

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) ~~Single, married,~~ widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ E Bennett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 70 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Albert Peoples
13. Birthplace N.C.

MOTHER
14. Maiden Name Abbie Stegall
15. Birthplace N.C.

16 (a) Informant Norman P Mueller
(b) Address 113 N. Paca St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilbur Cook
(b) Address 1217 E Lanvale St

19. APR 15 1941 (Date received by registrar) (b) No. 1 Wilkins, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1941, to April 14 1941, and that I last saw her alive on April 14 1941.

Immediate cause of death Subacute Yellow Atrophy of Liver — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Marked Jaundice

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kenneth Brile M.D.

Address University Hospt Date signed 4-14-41

W 657 — Dr. Henson 20 E Pratt St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E — Registered No. E 79657

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 Whitridge Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 Whitridge Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret A Epler

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Elmer E Epler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1890

8. AGE: Years	Months	Days	If less than one day
51	0	24	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name	John Lewis
13. Birthplace	Phila Pa
MOTHER 14. Maiden Name	Emma Adams
15. Birthplace	Phila Pa

16 (a) Informant Elmer E Epler
(b) Address 429 Whitridge Ave
17 (a) Final (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory Mouland Cem Co
Location Baltimore Co Md
18 (a) Funeral director Wm Cook
(b) Address 1219 E Saint St

APR 15 1941 (Date rec'd by registrar)
19 (a) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 4:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to April 1941, and that I last saw him alive on 4/13 1941.

Immediate cause of death Pulmonary Edema — Duration 2 days
Due to Hypertension - Cerebro-vascular disease — 3 years
Due to Syphilis — years.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry W. Henderson M. D.
Address 20 E. Pratt Street Date signed 9/14/41

Henderson for Williams, M.D.

F 79658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79658 ✓

163-H Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. Smallwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 5

3 (a) FULL NAME Anna Nellie Kramer ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Kramer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 12-1884

8. AGE: Years	Months	Days	If less than one day
56	10	1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Carl Bury
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margaret Kenny
15. Birthplace Baltimore Maryland

16 (a) Informant Mildred L. Kramer
(b) Address 416 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16-1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director George L. Schmalz
(b) Address 2101 Frederick Ave

19 (a) APR 15 1941 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1941, at 7:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions Mental Irresponsibility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-13-1941
(c) Where did injury occur? 416 S. Smallwood St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No Kitchen
(e) Means of injury Inhalation - Gas from range,

23. Signature Howard J. Andrews M.D. Medical Examiner.
Date signed 4-13-41

79659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 ✓ Registered No. F 29659

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 S. Curley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUISE WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21/1931

8. AGE: Years 10 | Months 2 | Days 14 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER
12. Name Harry Wilson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Wilson
15. Birthplace S. Ca

16 (a) Informant Harry Wilson (Father)
(b) Address 817 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart. Cem.
Location German Hill Rd

18 (a) Funeral director Lilly & Zadeck
(b) Address 403 S. Wolfe St.

19. (a) (Date rec'd by registrar) APR 15 1941 (b) Registrar Huntington H. Williams MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 4.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an engquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

	Duration
Immediate cause of death: Acute nephritis	
Due to: Burns, 1st and 3rd degree, entire body	
Due to:	
Other Conditions: No (Include pregnancy within 3 months of death)	
Major findings: Of operations: No	
Of autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 5th, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Burning conflagration in bed

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 4-17-41 (same date)

F 79660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 79660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N "alley"
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Ernest Bell ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-82

8. AGE: Years	Months	Days	If less than one day
59	1mos	9d	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 15 1941 (Date rec'd by registrar) (b) Registrar

6406

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 4 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1941, to April 13 1941, and that I last saw h alive on April 10 1941.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Pneumococcus Type X	
Due to	
Other Conditions Leukemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rycroft Jr. M. D.
Address St Joseph's Hosp Date signed 4-15-41

F 79661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 79661 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-1900

8. AGE: Years	Months	Days	If less than one day
40	4	21	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name James Williams
13. Birthplace Fla

MOTHER 14. Maiden Name Estella Henderson
15. Birthplace Fla

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 15 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 15 1941 (Registrar) Washington Williams, M.D.

6404

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 5 1941, at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 5 1941, to APRIL 11 1941, and that I last saw him alive on APR. 5 1941.

Immediate cause of death	Duration
Pleural circulatory collapse	4 days
Due to Pneumonia Type V	
Due to involving R/L and the RML	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lovett M. D.
Address Johns Hopkins Hosp. Date signed

F 79662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 79662

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1054 Hanford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August F Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Walsh
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. J. Moore

19 (a) APR 15 1941 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

6405

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1941, at 12:05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F Peters M.D.
Medical Examiner.

Date signed 3/27/41

F 79663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-a

Registered No. F 79663

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Found Side of B & O RR
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Track at Deadenland Rd
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: about 50 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 15 1941 (Filed by registrar) (b) Limitus for Williams M.D. Registrar 6408

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1941, at 4:05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerrhosis of liver atrophic — Duration

Due to

Due to

Other Conditions: Chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wallenmeyer M.D. Medical Examiner.

Date signed 3-31-41

F 79664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F-7866 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. I200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patrick Dalton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Ireland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget O'Keefe
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cathedral St.

19 (a) APR 15 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April I4, 1941 at 8.45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to April 14 1941, and that I last saw him alive on April 13 1941.

Immediate cause of death: Carcinoma of Lung — Duration 6 months

Due to Carcinoma Head & Humerus — 1941

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Fitzhall M. D.

Address 1631 E. North Ave Date signed 4/15/41

F 79665 MA

BALTIMORE CITY HEALTH DEPARTMENT F 79665

CERTIFICATE OF DEATH 48-W

Registered No. 64099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Shutter Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperated

6 (b) Name of husband or ~~wife~~ James (sep)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1901

8. AGE: Years	Months	Days	If less than one day
39	10	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Gaskins
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Holmes
15. Birthplace Virginia

16 (a) Informant Hospitals Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Elwyn D. Wilson

18 (a) Funeral director
(b) Address 1000 Bradley ave

19 (a) APR 15 1941 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1941, at 11:40 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3-3 1941 to 4-14 1941 and that I last saw her alive on 4-14 1941.

Immediate cause of death: Carcinoma of ovary & metastasis — Duration 1½ yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Negative

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr M. D.
Address Baltimore City Hosp. Date signed 4-14-41

79666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

F 79666 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628-Llewelyn Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628-Llewelyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Elizabeth Singleton

3 (b) If veteran, name war --
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John Wesley Singleton
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 8/20/1877

8. AGE: Years 63 | Months 7 | Days 23 24 | If less than one day -- hr. ------ min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Jenkins
13. Birthplace ? US.

MOTHER
14. Maiden Name Emma Glenn
15. Birthplace Balto. Co.

16 (a) Informant Howard W. Singleton
(b) Address 1615-Whitmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) APR 15 1941 (Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to April 14 1941, and that I last saw him alive on 4-14 1941.

Immediate cause of death
Brain Tumor
Due to Coma & exhaustion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 yr
4 days
7 Days

Major findings:
Of operation Tumor in left motor area
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Loock
Address 2530 E Baltimore Date signed 4/15/41

2966 Park Dyde
Monument st

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44-B Registered No. E 29667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2317 Eshland a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 Eshland a
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Valentini

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1934

8. AGE: Years	Months	Days	If less than one day
6	3	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Nicholas Valentini
13. Birthplace Baltimore

MOTHER
14. Maiden Name Barbara Eschlar
15. Birthplace Baltimore

16 (a) Informant Nicholas Valentini
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brachoson
(b) Address 700 Chester st

19 (Date received by registrar) APR 15 1941 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to apr 14 1941, and that I last saw h— alive on apr 14 1941.

Immediate cause of death
Hodgkins Disease — Duration 1yr.
Due to
Due to
Other Conditions Cardiac Dilatation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J Ayd M. D.
Address 2005 E Monument St Date signed 4/15/41

79668 Widow

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 79668

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Bradford ste
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Mary J. Holecek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Holecek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	6	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Granic
11. Industry or business

FATHER
12. Name Joseph Strycek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Catherine Petrick
15. Birthplace Bohemia

16 (a) Informant Elizabeth Pogorucek
(b) Address 417 N. Bradford st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Grach & Son
(b) Address 200 Chester st

19 (a) APR 15 1941 (Date rec'd by registrar) Registrar for Williams District

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1939 to April 14 1941.
and that I last saw he alive on April 8 1941.

Immediate cause of death	Duration
Sclerosis cerebrale CN Leg	
Cardiac Hypertrophy	
Due to Mitral Insufficiency	
4th degree Decubitus	
Due to Chronic Nephritis	
Other Conditions Carcinoma of Colon ?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B Marsh M. D.
Address 80 N Fremont Date signed 4/15

79669

79669

6 Pm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-F ✓ E 79669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4221 Belmar Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

26

3 (a) FULL NAME JOHN J. BOLEK

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Theresa Bolek
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 11 1867

8. AGE: Years	Months	Days	If less than one day
74 73	2	3	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation
11. Industry or business Tavern

FATHER
12. Name John Bolek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Prochazka
15. Birthplace Bohemia

16 (a) Informant Theresa Bolek
(b) Address 4221 Belmar Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brach & Son
(b) Address 700 N. Chester St

19 (a) APR 15 1941 (Date rec'd by registrar) Huntington Williams Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Fracture, ribs bilateral	
Due to Suicide	
Other Conditions Manic depressive psychosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 11, 1941
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Jumped from 2nd floor window

23. Signature H. L. Williams M.D. and Medical Examiner.
Date signed 4-14-41

79670 Dr. Hall 1600 E. North Ave

F 79670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2034 Ellsworth St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2034 Ellsworth Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frank St. Hajek

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1459

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Hajek

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1884

8. AGE: Years	Months	Days	If less than one day
56 57	8	1	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation

11. Industry or business Copper Works

FATHER 12. Name Joseph Hajek

13. Birthplace Bohemia

MOTHER 14. Maiden Name Mary Machacek

15. Birthplace Bohemia

16 (a) Informant Mary Hajek

(b) Address 2034 Ellsworth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Frank Brach & Son

(b) Address 900 N. Chester st

19 (a) APR 15 1941 (Date rec'd by registrar) (b) Registrar Huntington Hillsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 3.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1941, to April 13 1941, and that I last saw him alive on April 13 1941.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 hr.
Due to Chronic Myocarditis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Gael Hall

Address 1631E North Ave Date signed 4/14/41 M. D.

E 79671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. E 29671

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Callow Ave
(If rural give location)
2201 CALLOW AVE
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Moses

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Meyer Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1863

8. AGE: Years	Months	Days	If less than one day
77	7	26	hr. min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Louis Lazansky
13. Birthplace Bohemia

MOTHER
14. Maiden Name Bertha Klinger
15. Birthplace Bohemia

16 (a) Informant Miss Lillie Moses
(b) Address 2201 Callow Ave

17 (a) Burial (b) Date thereof April 17 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pikesville Jewish Cemetery
Location Baltimore County, Md.

18 (a) Funeral director J. Aronson & Co.
(b) Address 2433 Reisterstown Rd.

APR 15 1941 (b) [illegible] Williams, M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941, to April 15 1941, and that I last saw her alive on April 15 41

	Duration
Immediate cause of death: General abdominal carcinomatosis	3 mos.
Due to: Carcinoma of colon	6 mos.
Due to:	
Other Conditions: Diabetes	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lecky M. D.
Address 2 Temple Gardens Date signed 4-16-41

79672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. 79672

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Fleetwood Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Fleetwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B. Harper

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married.

6 (b) Name of husband or wife Belle B. Harper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10-1858

8. AGE: Years	Months	Days	If less than one day
82	7	4	hr. min.

9. Birthplace Lunenburg Co. Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name George Harper
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Longworth
15. Birthplace Va.

16 (a) Informant Mrs. Belle B. Harper
(b) Address 4100 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Catonsville Md.

18 (a) Funeral director Bertram Rose
(b) Address 2224 N. Charles St.

19 (a) APR 15 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939, to April 14 1941, and that I last saw h[illegible] alive on April 14 1941.

Immediate cause of death	Duration
Carcinoma prostate	1 year
Due to	
Due to	
Other Conditions Arteriosclerotic cardio vascular renal disease	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 4-14-41

VS 1

F 79673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 79673

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 Light Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen King (64964)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1921

8. AGE: Years	Months	Days	If less than one day
20	3	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER

12. Name William Raprogel

13. Birthplace Del.

MOTHER

14. Maiden Name Josephine Albert

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18th 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md.

18 (a) Funeral director Williams Cook

(b) Address 1217 St Paul st

19 (a) APR 16 1941 (Date received by Registrar) (Signature of Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1941, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 1941 to Apr. 15 1941 and that I last saw her alive on Apr. 15, 1941

Immediate cause of death: Pulmonary Tubelculosis

Duration July 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hospitals Date signed 4-15-41

F 79674

SS 65210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93-D

F 79674

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mahalia Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1883

8. AGE: Years	Months	Days	If less than one day
57	11	29	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Monroe Morton
13. Birthplace Va.

MOTHER
14. Maiden Name Patience Brown
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. B. A. Elliott & Daughter
(b) Address 1129 N. Carlin's St.

19 APR 16 1941 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 2 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941, to 4-15 1941, and that I last saw h[illegible] alive on 4-15 1941.

Immediate cause of death	Duration
Cardiac failure	?
Pulmonary infarcts	?
Due to Arteriosclerotic heart dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 4-15-41

79675

HEALTH DEPARTMENT—CITY OF BALTIMORE

79675

CERTIFICATE OF DEATH

131-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Hamburg St. 21-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Agnes T. Bathgate

If U. S. Veteran specify WAR _____

(a) Residence: No. 631 W Hamburg St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E Bathgate

6. DATE OF BIRTH (month, day, year) March 24 1886

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
55	0	2120	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Hessian

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John E Bathgate

(Address) 631 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

By London Park Date 4-18 1941

19. UNDERTAKER Bernard G Hartle

(Address) 121 E Mt St

20. FILED _____ 19___ _____, Registrar.

APR 16 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 1 1941 to April 14 1941

I last saw her alive on April 14 1941 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - Arterial Hypertension	April 41
Chronic myocarditis -	5 yrs.
arteriosclerosis	
Other contributory causes of importance: chronic nephritis.	5 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____, 19___

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify _____

(Signed) Bruce F. Kremmerd M. D.

(Address) 722 N. Edmondson Ave

N. B.—WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Please write information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 553 W Lafayette ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 553 W Lafayette ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Norwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Norwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1902

8. AGE: Years	Months	Days	If less than one day
38 39	11	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Frank Norwood

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Washington

15. Birthplace Va

16 (a) Informant Frank Norwood

(b) Address 553 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Auburn

Location Mt Winans Md

18 (a) Funeral director Wm. F. Jackson

(b) Address 916 Bend. Ave.

APR 16 1941 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941 at 12:58 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 1 1941 to April 13 1941.

and that I last saw h[illegible] alive on April 6 1941.

Immediate cause of death: Myocarditis — Duration: 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 754 Gough Date signed 4/13, 41

F 79677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 79677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 934 S. Paca Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B. Young.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-03-4250

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rose A. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1898

8. AGE: Years	Months	Days	If less than one day
42 43	6	2	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Art Welder
11. Industry or business: Truscon Steel Co.

FATHER
12. Name: Joseph Young
13. Birthplace: Germany

MOTHER
14. Maiden Name: Emma Krauser
15. Birthplace: Germany

16 (a) Informant: Mrs. Rose A. Young
(b) Address: 934 S. Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
Address: North & Pa. Avenues

APR 16 1941 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941, to April 14 1941, and that I last saw him alive on April 14 1941.

Immediate cause of death	Duration
meningitis	10 days
Due to	
Due to	
Other Conditions bronchopneumonia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4/14/41

VS 8

F 79678

F 79678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alonzo Alonzie R. Phipps

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Pauline S. Phipps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1868

8. AGE: Years	Months	Days	If less than one day
72	5	12	hr. min.

9. Birthplace A. A. Co., Maryland (Town, county, and state)
10. Usual Occupation Retired Operator Motorman
11. Industry or business Balto. Transit Co.

FATHER
12. Name John N. Phipps
13. Birthplace England

MOTHER
14. Maiden Name Levinia Kirschner
15. Birthplace Germany

16 (a) Informant Mrs. Hulbert Young
(b) Address 4105 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ /41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 18 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1941, to April 15 1941, and that I last saw him alive on April 15 1941.

Immediate cause of death	Duration
Peripheral Circulatory Collapse	1 day
Due to Carcinoma of Gall Bladder	
Due to	
Other Conditions Metastasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Gall bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Harry Kahmenson M. D.
Address St. Joseph's Hosp Date signed 4-15-41

VS 3

F 79679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-D Registered No. 79679

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 W. Rogers Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 W. Rogers Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LEE GORDON WILLIAR

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Pauline Willi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 27, 1878

8. AGE: Years 62 | Months 10 | Days 18/6 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: John A. Williar
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Toner
15. Birthplace: Pennsylvania

16 (a) Informant: Mrs. Margaret P. Williar
(b) Address: 3906 W. Rogers Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

APR 16 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Apr 13 1941; that I last saw h living alive on Apr 13 1941.

Immediate cause of death: Brain Carcinoma Lungs — Duration: 2 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Todd M. D.
Address 735 N. Fulton Ave Signed 4/15/41

79680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79680

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Sparks
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Wilhelm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife Elisha Wilhelm
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1880

8. AGE: Years	Months	Days	If less than one day
60.	4	1	hr. min.

9. Birthplace Butler Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Levin Naylor
13. Birthplace Unknown Balto Co

MOTHER
14. Maiden Name Elizabeth Curtis
15. Birthplace Unknown Balto Co

16 (a) Informant Arthur Wilhelm
(b) Address Cockeysville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19 1941 (month) (day) (year)
(c) Cemetery or crematory Falls Rd. Chapel
Location Sparks, Md.

18 (a) Funeral director Landon & Bosley
(b) Address Sparks Md

19 (a) (Date rec'd by registrar) (b) Harry [illegible]

APR 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1941 to April 16 1941 and that I last saw h[illegible] alive on April 16 1941.

Immediate cause of death	Duration
(a) Pneumonia, Left Lower Lobe	
Due to (b) Spontaneous pneumothorax - Left	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A Brill
Address University Hospital Date signed 4/16/41

F 79681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79681 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw. Pl.
(c) Hospital or institution: Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Decker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael J. Gorman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1865

8. AGE: Years 76 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Can Maker

11. Industry or business

FATHER
12. Name Henry Gorman
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Hopkins
15. Birthplace Ireland

16 (a) Informant Mrs Elizabeth Gorman
(b) Address 5 S Decker Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 17-41 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor. Ave.

18 (a) Funeral director John A. Horan
(b) Address 3000 E. Balto. St.

19 (a) APR 16 1941 (Registrar) **(b)** Hunting for Will

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940, to April 14 1941, and that I last saw him alive on April 13 1941.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterson M. D.
Address 7324 Reisterstown Rd Date signed 4/15/41

F 79682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 53

Registered No. F 79682

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Collette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Collette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 61

3 (a) FULL NAME FRANK GARRISON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Centerville Md, (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Self.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Centerville Md

16 (a) Informant James Garrison (Son)
(b) Address 504 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location West Port

18 (a) Funeral director Dr. Brooks
(b) Address 1463 W. Carey St

19 (a) (registrar) (b) Date received APR 16 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941 at 3:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Papillary carcinoma of right cheek.	
Due to External	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-17-41

79683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 79683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Bessie White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph White
13. Birthplace Va

MOTHER
14. Maiden Name Charles ?
15. Birthplace Va

16 (a) Informant Bessie White
(b) Address 705 N. Dallas

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/41 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery
Location Baltimore Md

18 (a) Funeral director Robert E Wilson
(b) Address 1515 McCulloh St

APR 16 1941 (Date received by registrar) (by) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 12 - 1941, at 1,50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 10 1941, to 4 - 12 - 1941, and that I last saw him alive on 4 - 10 - 1941

Immediate cause of death Cardiac - Renal Disease — Duration unknown

Due to —

Due to —

Other Conditions Same

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H. Carguel M. D.
Address 614 N Caroline St Date signed 4-16-41

F 79684 Hirschhorn F 79684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Reland ave & Maunsell Rd
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) approx 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Fennel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Joseph Hirschhorn

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Fannie Hirschhorn
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 73 | Months ..... | Days ..... | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business .....

FATHER
12. Name Emanuel Hirschhorn
13. Birthplace Russia

MOTHER
14. Maiden Name Lobra —
15. Birthplace Russia

16 (a) Informant Solomon Hirschhorn
(b) Address 2000 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Belair Rd.

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Balto. St

19 (a) ..... (b) .....

Date received (Registrar's use only) APR 18 1941 Registrar's No. .....

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1941, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1941, to 4/16 1941, and that I last saw h alive on 4/16 1941.

	Duration
Immediate cause of death Heart Failure	
Due to Bronchopneumonia	14 days
Due to Arteriosclerotic Cardio-Vas. Disease	
Other Conditions Uremia Arteriosclerotic Bronchitis & Senile Emphysema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Samuel V. Youngclaus
Address Sinai Hospital Date signed 4/16/41 M. D.

F 79685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 79685 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 day

(e) Length of stay in Baltimore (yrs., mos., or days) 16 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2421 Parkwood ave (If rural give location)

(g) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Jacobson Butler F 26213

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1941

8. AGE: Years | Months | Days: 16 1/2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Merwin Jacobson

13. Birthplace

MOTHER 14. Maiden Name Mae Myers

15. Birthplace Maryland

16 (a) Informant Cyrus Jacobson

(b) Address 1602 N. Pleasant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)

(c) Cemetery or crematory Mordale

Location

18 (a) Funeral director Jos. Cyrus Inc

(b) Address 1439 E. Balto. St

19 APR 16 1941 (Date rec'd by registrar) Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-1941, at 4 01 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-15 1941, and that I last saw h[illegible] alive on 4-15 1941.

Immediate cause of death	Duration
Septicemia	7 d.
Due to Bronchopneumonia	
Due to	
Other Conditions Scleroderma	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. R. Kerns M.D.

Address University Hosp. Date signed 4-15-41

F 79686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55-D

F 79686 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Bixler Shaffer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2753

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ethel E. Shaffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 - 1887

8. AGE: Years 53 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Manchester Carroll Co. Md (Town, county, and state)

10. Usual Occupation Master Plumber

11. Industry or business

FATHER
12. Name Wm G. Shaffer
13. Birthplace Manchester Md

MOTHER
14. Maiden Name Sarah Bixler
15. Birthplace Manchester Md

16 (a) Informant Ethel E. Shaffer
(b) Address 1824 N. Payson St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 17-1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director Manus Bok Syler
(b) Address 1200 W Baltimore St

19 (a) APR 16 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 14, 1941 at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941 to Apr 14 1941 and that I last saw him alive on Apr 14 1941.

	Duration
Immediate cause of death: Chronic nephritis	15 yrs.
Due to: Arterio Sclerosis	"
Due to:	
Other Conditions: Carcinoma	4 yrs.
2 mos	

(Include pregnancy within 3 months of death) over

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kelly M.D.
Address 2020 N. Charles Date signed 4/16/41

VS 3

E 79687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1941-a E 79687 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 Ridgecroft Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Ridgecroft Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claude Horney

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-4542

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Gertrude Horney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1895

8. AGE: Years	Months	Days	If less than one day
46	2	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation salesman
11. Industry or business R.W. Norris & Sons

FATHER
12. Name Wm. G. Horney
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Alice Eisenhaues
15. Birthplace Maryland

16 (a) Informant Gertrude Horney
(b) Address 3915 Ridgecroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18/41 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Pk
Location Baltimore

18 (a) Funeral director Philip Henrig Sons
(b) Address 2024 Orleans St

19 APR 16 1941 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Handel Griffith M.D.
Medical Examiner.
Date signed 4/16/41

79688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 79688 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct words, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N. Milton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 N. Milton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph L. Weems (WEEMS)

3 (b) If veteran, name war World War — | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 28-1888

8. AGE: Years	Months	Days	If less than one day
52	5	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unknown —
11. Industry or business

FATHER
12. Name John F. Weems
13. Birthplace A.A Co. Maryland

MOTHER
14. Maiden Name Anne J. Fisher
15. Birthplace A.A Co. Maryland

16 (a) Informant Mrs Elenor Stallknecht
(b) Address 217 N. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1941, at 1:30 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Howard A. Mulder M.D.
Medical Examiner.
Date signed 4-14-41

79689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Forest Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raleigh Kline (Klein Jr.)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 249-03-6461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28-1920

8. AGE: Years	Months	Days	If less than one day
20	4	17th	hr. min.

9. Birthplace Sparrow Point, Md. (Town, county, and state)

10. Usual Occupation Fireman Blast Mill

11. Industry or business Beth Steel Co.

FATHER
12. Name Raleigh E. Klein
13. Birthplace Topeka, Kansas

MOTHER
14. Maiden Name Christina Clark
15. Birthplace Lynchburg, Va.

16 (a) Informant James Johnston
(b) Address 1230 Forest Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave & Rd

18 (a) Funeral director John F. Connelly
(b) Address Essex & Williams Mgr

19 (a) Frantis for Williams Mgr (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1941, at 2.55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fractured Skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-11-41 (Fracture Skull)
(c) Where did injury occur? Sparrows Point Road, near (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Sheeran M.D. Medical Examiner.
Date signed 4-14-41

VS 6

F 79690

64830--FD

F 79690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Behner F 25772

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/30/41

8. AGE: Years	Months	Days	If less than one day
			3 hr. 7 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wilbur BEHNER
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Curtain
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-14-41 (month) (day) (year)
(c) Cemetery or crematory
Location BCH

18 (a) Funeral director
(b) Address

19 (a) APR 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1941, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3.30 1941, to 3.31 1941, and that I last saw him alive on 3.31 1941.

Immediate cause of death Prematurity — Duration 3 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Goodwin M. D.
Address BCH Date signed 3/31/41

VS 3

F 79691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 79691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2552 N. Hollins (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aglaia Flores

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter Flores

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1896

8. AGE: Years 44 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Stavros Chambris
13. Birthplace Greece

MOTHER
14. Maiden Name Koden
15. Birthplace Greece

16 (a) Informant Peter Flores
(b) Address 2120 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 17 41 (month) (day) (year)
(c) Cemetery or crematory Loraine Cem
Location Woodlawn Md

18 (a) Funeral director J. Fr. Reese
(b) Address Westminster, Md

APR 16 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941 to April 15 1941 and that I last saw h.er alive on April 15 1941.

Immediate cause of death	Duration
Carcinoma duketi and failure	1 day
Hypertension Due to Carcinomatosis	1
Due to Carcinoma gallbladder	4 months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 7 1941
Major findings of operation: Carcinoma liver and gallbladder
of autopsy: Carcinoma liver + Gallbladder

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Tankini M. D.
Address Rolland Park Monument Sta Date signed

79692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 79692 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4227 Bayonne Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William T. Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1859

8. AGE: Years	Months	Days	If less than one day
81 Yr.			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George W.
13. Birthplace Maryland

MOTHER
14. Maiden Name Anne
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16th 1941 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

APR. 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1941, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941 to 4-13 1941, and that I last saw h[illegible] alive on 4-13 1941.

Immediate cause of death: Ca Stomach — Duration

Due to:

Due to:

Other Conditions arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 4/16/41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79693 Registered No. 79693

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Silver Hill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Silver Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA ALVENA GRAY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Widow

6 (b) Name of husband or wife Clarence E. Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1875

8. AGE: Years	Months	Days	If less than one day
66	0	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Book
13. Birthplace Germany

MOTHER
14. Maiden Name ? Schafer
15. Birthplace Germany

16 (a) Informant Mrs. Edward Pranke
(b) Address 2921 Silver Hill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D.

APR 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1941 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1936 to April 14 1941, and that I last saw h[illegible] alive on April 14 1941.

Immediate cause of death: Acute dilation of heart — Duration 24 hours

Due to Extreme Hypertension — Duration over 5 years

Due to Cardiac Renal Insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred B. Jennett M. D.
Address 2576 Penn. Ave. Date signed April 15, 41

F 79694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

F 79694 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Belgium Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Belgium Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Wilhelm Geo. Muller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14-1867

8. AGE: Years	Months	Days	If less than one day
74	2	—	hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Retired Blacksmith

11. Industry or business

FATHER 12. Name Muller

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mrs. Louise Fitzgerald

(b) Address 904 Belgium Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17/41 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md.

18 (a) Funeral director George L. Lehnert

(b) Address 2101 Frederick Ave.

19 (a) APR 16 1941 (b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941, to April 14 1941, and that I last saw him alive on April 14 1941.

Immediate cause of death	Duration
Broncho-pneumonia	1 week
Due to Chronic Myocarditis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23, Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed April 15

F 79695 ✓ F 79695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9th-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Oakley ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Oakley ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank Salantonio

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 5 1878

8. AGE: Years 62 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Ret.

11. Industry or business

FATHER
12. Name Vitanto Salantonio
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Mrs. Salantonio
(b) Address 2900 Oakley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 18 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Mart W. G. Doppel
(b) Address 312 S. Arm St

19 (a) APR 16 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 11 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941 to April 15 1941, and that I last saw h alive on April 15 1941.

Immediate cause of death	Duration
Coronary Occlusion	1 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. Samuels
Address 2128 W. North Date signed 4/16/41

F 79696

F 79696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give town)
(d) Street No. 5508 Belair Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Madelon Bauer

Madlon Bauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Carl Bauer

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 21 1885

8. AGE: Years 55 | Months 7 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Barnhardt Gross

13. Birthplace Germany

MOTHER 14. Maiden Name Theresa ?

15. Birthplace Germany

16 (a) Informant John Carl Bauer

(b) Address 5508 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 17 41 (month) (day) (year)

(c) Cemetery or crematory Taylor Ave

Location Maryland Memorial Park

18 (a) Funeral director Martin W.F. Dippel

(b) Address 7110 Belair Rd

19 (a) ____ (Date rec'd by registrar) (b) ____ (Registrar)

APR 16 1941

Thursday

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1941, at 11 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941, to 4-14 1941, and that I last saw her alive on 4-14 1941.

Immediate cause of death: Peritonitis — Duration: over

Due to Stone in sigmoid

Due to

Other Conditions Asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Large stone in sigmoid perforating abscess

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Jay Wiseman

Address Sinai Hospital Date signed 4-14-41

12 o'c

F 79697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 P Registered No. F 79697

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Gwynn Falls Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Gwynn Falls Pkwy. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna R. Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Robert R. Owens Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1847

8. AGE: Years	Months	Days	If less than one day
93	6	5	hr. min.

9. Birthplace Martin Co. North Carolina (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Dixon Baker
13. Birthplace Unknown

MOTHER
14. Maiden Name Jordan
15. Birthplace Unknown

16 (a) Informant Robert R. Owens Jr.
(b) Address 3208 Gwynn's Falls Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director J. Kyman Kuhns
(b) Address 2301 Edmondson ave

APR 16 1941 (Date rec'd by registrar) (b) Huntington Wilson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 12 1941, to Apr 15 1941, and that I last saw h ex alive on Apr 12 1941.

Immediate cause of death	Duration
Myocarditis — from Influenza	24 hr
Due to Advanced Pneumonia	
arteriosclerosis	?
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wade S. Tibbett M. D.
Address 2226 Harrison Blvd Date signed Apr 16/41

E 29698

3958 09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-N E 29698 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County
(c) City or town Minter
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD M. COTHRAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife MARY Hunting
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 5-4-79

8. AGE: Years	Months	Days	If less than one day
61	11	12	hr. min.

9. Birthplace Ala.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Cattle

FATHER
12. Name George K. COTHRAN
13. Birthplace Ala.

MOTHER
14. Maiden Name ANN J. MIXON
15. Birthplace Ala.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (month) (day) (year)
(c) Cemetery or crematory Selma
Location Selma, Alabama

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

APR 16 1941 (b) Huntingdon Williamsburg Hospital
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 1941, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1941, to Apr 16 1941, and that I last saw him alive on Apr 16 1941.

	Duration
Immediate cause of death Myocardial failure with uremia	5 dys.
Due to Arteriosclerotic heart disease	?
Due to Carcinoma of Larynx with Laryngectomy	18 dys.
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)
Date of operation April 4, 1941
Major findings of operation: Carcinoma of Larynx
Was autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Boggs M. D.
Johns Hopkins Hospital Date signed 4/16/41

3940518 79699 BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 79699

CERTIFICATE OF DEATH 131-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Lockhart (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 41 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. Guyon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Hessel

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1874

8. AGE: Years 66 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Ill. (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry Guyon

13. Birthplace St. Louis Mo.

MOTHER 14. Maiden Name Mary Riley

15. Birthplace St Louis Mo.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 17 1941 (month) (day) (year)

(c) Cemetery or crematory Orlando Crematory

Location Orlando Fla

18 (a) Funeral director John A. Mitchell & Sons

(b) Address 700 Eutaw Place

19 (a) Date received by registrar APR 18 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-15 1941, at 1155 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 5 1941, to Apr 15 1941, and that I last saw h im alive on Apr-15 1941.

	Duration
Immediate cause of death Myocardial failure with auricular fibrillation and ascites	15 mths
Due to Calcific aortic disease	?
Due to Rheumatic heart disease	35 yrs +
Other Conditions Chronic glomerulo-nephritis	

(Include pregnancy within 3 months of death)

Date of operation No operation

Major findings of operation:

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature Wm M. Burgess M. D.
Johns Hopkins Hosp. Date signed 4/16/41

394874 F 79700 × ✓ F 79700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. CHILEAN EMBASSY (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Chile

3 (a) FULL NAME HENRY HORMAN

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-17-93

8. AGE: Years 47 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace SPAIN (Town, county and state)

10. Usual Occupation Secy. & Insurance Co.

11. Industry or business Insurance

FATHER 12. Name HENRY HORMAN

13. Birthplace Chile

MOTHER 14. Maiden Name Adele Swerett

15. Birthplace Chile

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23 (Month) (day) 41 (year)

(c) Cemetery or crematory Val Paraiso, Chile

Location Val Paraiso Chile

18 (a) Funeral director John A. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) Huntington, West Virginia

APR 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 15 1941, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 20 1941 to APR 15 1941, and that I last saw him alive on APR 15 1941.

	Duration
Immediate cause of death: Hypertensive Cardio-vascular disease with increased intracranial pressure	7 days
Due to: and Nasal Hemorrhage	3 days
Due to:	
Other Conditions: Undiagnosed lesion L lung.	3

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Briggs M.D.
Johns Hopkins Hosp. Date signed 4/15/41

79704 c

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. 79701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Wyanoke Ave
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Wyanoke Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Flowers Birth F 78329

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-41

8. AGE: Years | Months | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Md —
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Silas Flowers
13. Birthplace Md.

MOTHER 14. Maiden Name Francis Kennedy
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Read
(b) Address 5200 Harford Road

19 APR 16 1941 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941 at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death ? Intracranial hemorrhage — Duration few hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury Run Pedlam

23. Signature Johns H Hopkins
Address Date signed 4-16-41 M.D.

79702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. 79702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 DARLEY AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOSEPH V. ROACH

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	W

6 (b) Name of husband or wife Florence Roach
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May - 10 - 1888

8. AGE: Years	Months	Days	If less than one day
52	11	5	hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Pay Clerk
11. Industry or business Balto Transit Co

FATHER
12. Name Joseph V Roach Jr
13. Birthplace Charles Co Md

MOTHER
14. Maiden Name Florence E Moran
15. Birthplace Balto Md

16 (a) Informant Florence E Boran
(b) Address 2228 E Chase St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 - 18 - 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave

18 (a) Funeral director John C Miller Inc
(b) Address 2435 E Monument St

19 (a) APR 16 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 15 1941, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 31 1941, to 4 - 15 1941, and that I last saw h~~im~~ alive on 4 - 14 1941.

Immediate cause of death Coronary Thrombosis — Duration 2 weeks
Due to Coronary Arteriosclerosis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Wm Murphy M.D.
Address St Joseph Hosp. Date signed 4/15/41 M. D.
Call in Evenings

F 79703

BALTIMORE CITY HEALTH DEPARTMENT 119-a

CERTIFICATE OF DEATH

Registered No. F 79703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1355 Wheaton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lucille Dix Bath F 23179

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28/41

8. AGE: Years | Months 3 m | Days 12 d | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Campbell

13. Birthplace Md

MOTHER 14. Maiden Name Mary Elizabeth Dix

15. Birthplace Md

16 (a) Informant Mary E. Dix

(b) Address 1355 Wheaton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 16 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. S. Moore

19 (a) APR 16 1941 (Date received by local registrar) Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10/41 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10/41 19 to 4/10/41 19, and that I last saw her alive on 4/10/41 19

Immediate cause of death Marasmus Dehydration — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Campbell M. D.

Address University Hosp. Date signed 4/12/41

F 79704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. 79704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEONARD ALSTON Birth F 24836

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/41

8. AGE: Years	Months	Days	If less than one day
	1	368	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isaac Alston
13. Birthplace Georgetown, S C

MOTHER
14. Maiden Name Barbara
15. Birthplace Georgetown S C

16 (a) Informant Gertrude Alston
(b) Address 711 Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 16 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per R. L. Moore
19 (a) APR 16 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. 6410

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1941, to 4/12 1941, and that I last saw him alive on 4/12 1941.

Immediate cause of death	Duration
Aspiration Pneumonia	
Pulmonary atelectasis	14 days
Due to	
Other Conditions Malnutrition, Dehydration	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin H. Lucas M.D.
Address University Hosp. Date signed 4/17/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79705 F 79705

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Orleans St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Hueumer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2020 Orleans St., ... Ward. Butler F 26529

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 14 1941

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hueumer

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Dorothy Murphy

16. BIRTHPLACE (city or town) (State or country) Portland N.J.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 16 1941

19. UNDERTAKER Commissioner of Health

(Address)

20. APR 16 1941 Per H. A. Moore Huntington Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1941 to April 14, 1941

I last saw her alive on April 14, 1941. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 24 wks.	

Other contributory causes of importance:

Premature Expulsion of Placenta

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H Kalan M. D.

(Address) 4203 Sheldon Ave

VS 3

6409

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 79706 Registered No.

J.N. 65223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John, Kendzierski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-3225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Kendzierski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1881

8. AGE: Years	Months	Days	If less than one day
60	-	29	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph KENDZIERSKI
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 402 S. Chester Street

19 Date rec'd by reg. Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941 to 4-15 1941, and that I last saw him alive on 4-15 1941.

Immediate cause of death	Duration
Ruptured aneurysm of aorta	1/2 hr.
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-15-41

79707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C Registered No. E 79707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Rural - Ridgely
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9, 9
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Isabella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/16/1901

8. AGE: Years	Months	Days	If less than one day
40	11	-	hr. min.

9. Birthplace Queen Annes Md.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Cane
15. Birthplace Md.

16 (a) Informant Isabella Thomas
(b) Address Ridgely Md

17 (a) Burial (Burial, cremation, or removal) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Near Ridgely
Location Near Ridgely

18 (a) Funeral director R. J. [illegible]
(b) Address Greensboro Md.

19 (Date received by Local Registrar) APR 18 1941 (Signature of Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-41 19 , at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10-41 19 , to 4-16 1941, and that I last saw h[illegible] alive on 4-16 19 41.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to

Due to

Other Conditions Central Nervous System Lues - Paresis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Ryan Jr M.D.
Address St Joseph's Hosp. Date signed 4-16-41

79708 cc 65260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-4 E 79708 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hrs. 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 E. West Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Edwards (Catherine) Birth F 21581

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1941

8. AGE: Years	Months	Days	If less than one day
			6 hr. 25 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Edwards
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Schier
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location W. Balto St

18 (a) Funeral director William M. Marech
(b) Address 741 Light St

19 (a) (Date rec'd by registrar) APR 16 1941 (b) Huntington Mills, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15- 1941, at 4:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15- 1941, to 4-15- 1941, and that I last saw her alive on 4-15- 1941.

Immediate cause of death	Duration
Hemorrhagic disease of the newborn	6 hrs
Congenital atelectasis	6 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Baltimore City Hospitals Date signed 4-15-41

F 79709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 G F 79709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 S. Bethel Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen May Watts

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1925

8. AGE: Years	Months	Days	If less than one day
15	5	1	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Watts
13. Birthplace Newport News, Virginia

MOTHER
14. Maiden Name Eva Harzarik
15. Birthplace Newport News, Virginia

16 (a) Informant Eva Harzarik
(b) Address 803 South Bethel Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory St. Matthia
Location Admiral
18 (a) Funeral director Kendall Lloyd
(b) Address 312 S. Highland Ave.

APR 16 1941 (b) Registrar

APR 16 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-1941, at 3.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lysol Poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-14-41
(c) Where did injury occur? 803 S. Bethel Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Drank Lysol disinfectant.

23. Signature Howard J. Thurston M.D.
Medical Examiner.
Date signed 4-14-41

F 79710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

Registered No. F 79710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Avenues
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7da
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Finksburg, R. F. D. #1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Louis Boone

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1871

8. AGE: Years 69 | Months 4 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation — None

11. Industry or business —

FATHER
12. Name John H. Boone
13. Birthplace — Maryland

MOTHER
14. Maiden Name Anna Turnbaugh
15. Birthplace N. C.

16 (a) Informant Miss Ruby Boone
(b) Address R.D. Finksburg Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Near Carroll Co. Md

18 (a) Funeral director C. M. Wells
(b) Address Westfield Md

APR 16 1941 (Date filed by Registrar)

(b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1941 at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1941 to 4/15 1941. and that I last saw h[illegible] alive on 4/15 1941.

	Duration
Immediate cause of death Massive hemorrhage into meninges Ruptured cerebral post —	
Due to Ruptured Aneurism.	
Due to	
Other Conditions Benign Prostatic Hypertrophy (If female pregnancy within 3 months of death)	
Date of operation 4/14/41	
Major findings of operation: Benign Prostatic Hypertrophy	
of autopsy Massive hemorrhage into meninges Ruptured	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Jonesh. Evans M. D.
Address St. Agnes Hosp. Date signed 4/15/41

VS 8

F 79711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79711 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Bennington Rd Govans (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. WILLIAM THOMAS MARTIN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 219-12-7190

4. Sex: MALE

5. Color or race: WHITE.

6 (a) Single, married, widowed, or divorced: MARRIED.

6 (b) Name of husband or wife: Ruth Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JULY 5, 1906.

8. AGE: Years: 34 | Months: 9 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Harrisburg Pa. (Town, county, and state)

10. Usual Occupation: ACCOUNTANT.

11. Industry or business: Ind. Life Ins. Co.

FATHER
12. Name: Leo George Martin
13. Birthplace: Lefestown Dauphin Co. Pa.

MOTHER
14. Maiden Name: Mary McNair
15. Birthplace: Emmitsburg Md

16 (a) Informant: Ruth Martin (wife)
(b) Address: 531 Bennington Rd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7-15-41 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Harrisburg Pa.

18 (a) Funeral director: William Gill
(b) Address: [illegible]

19 (a) APR 17 1941 (Date received by Registrar) **(b)** Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 15, 1941, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR. 10, 1941, to APR. 15 1941, and that I last saw him alive on APR. 15, 1941.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE.	
Due to HYPERTENSION	
Due to CHRONIC NEPHRITIS.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James Douglas Lockard M. D.
Address Union Memorial Hos. Date signed 4/15/41

F 79712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 X D

F 79712 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Drummount & 25th St
(c) Hospital or institution Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Forest Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank P Kratz

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No DE

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Nov 17 1861

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17. 1861

8. AGE: Years 79 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Telegraph Operator Retired

11. Industry or business R R

FATHER 12. Name John Kratz
13. Birthplace Unknown

MOTHER 14. Maiden Name Margaretta Unknown
15. Birthplace Balt Md

16 (a) Informant John Kratz
(b) Address 2328 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilburn Cook
(b) Address 1217 E Fayette St

19 (a) (Signature of registrar) Beatrice Williams Reg (Registrar)

(b) Date received APR 17 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1941 to 4-15 1941 and that I last saw h[illegible] alive on 4-15 1941.

Immediate cause of death

Due to Cardiac Dilatation

Due to Chronic Myocarditis

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Yoder M. D.
Address Med. Arts Bldg Date signed

F 79713

Nathanson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a F 79713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Violet ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hyman Nathanson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor Self

FATHER
12. Name Frank Nathanson
13. Birthplace Russia

MOTHER
14. Maiden Name Sylvia Markman
15. Birthplace Russia

16 (a) Informant Eugene Nathanson
(b) Address 2817 Violet ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

19 APR 17 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1941, at 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1941, to 4/16 1941, and that I last saw him alive on 4/10 1941.

Immediate cause of death Cardiac failure (post. op)
Due to myocardial insufficiency
Due to Gen. Anesthetic
Other Conditions Transurethral prostatectomy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Hein, M. D.
Address Sinai Hosp Date signed 4/16/41

79714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 79714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Place. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Rose) ROSA GREENHOOD FOLB

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Mike Folb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1867

8. AGE: Years	Months	Days	If less than one day
73	9	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Aaron Greenhood,
13. Birthplace Unknown.

MOTHER
14. Maiden Name Barbara ---------
15. Birthplace Unknown

16 (a) Informant Mr. L. Folb,
(b) Address 2430 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levinson & Son
(b) Address 1902 Eutaw Place.

(a) (Date rec'd by registrar) (b) Hunting for Williamsburg

Apr 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1941, at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1941, to April 16 1941, and that I last saw h[illegible] alive on April 16 1941.

Immediate cause of death Asthenia Infantile C. V. D.

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Hankin M. D.
Address 2331 Eutaw Place Date signed

393069 79715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 79715

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Lafayette Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willar Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-07

8. AGE: Years	Months	Days	If less than one day
33	7	7	hr. min.

9. Birthplace N-Car- (Town, county, and state)

10. Usual Occupation Nun

11. Industry or business

FATHER
12. Name Thomas Byrd
13. Birthplace N-Car-

MOTHER
14. Maiden Name Zylphia Smith
15. Birthplace N-Car-

16 (a) Informant Recnas
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Lot 76

18 (a) Funeral director Sam'l McChase & Son
(b) Address 6-8 W. Saratoga St. Undertaking for Woodlawn, Md.

APR 17 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 7.55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1941 to Apr. 16 1941, and that I last saw her alive on Apr. 16 1941.

Immediate cause of death	Duration
Disseminated Tuberculosis involving lungs, liver, & spleen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. McGehee Harvey M. D.
Address Johns Hopkins Hosp Date signed 4/16/41

VS 8

F 79716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79716 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 11 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 - 1878

8. AGE: Years	Months	Days	If less than one day
63 ~~66~~	3	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B. & O. R.R.

FATHER 12. Name Daniel Sedgwicks
13. Birthplace Md

MOTHER 14. Maiden Name Martha Johnson
15. Birthplace Md

16 (a) Informant D. Sophia Young
(b) Address 1129 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam'l W. Chase & Son
(b) Address 638 N. Gilmor St

19. (a) (Signature of registrar) (b) Physician for Wm Johnson

APR 17 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 16 1941, at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1935 to 4-16 1941. and that I last saw h[im] alive on 4-16 1941.

Immediate cause of death Hypertension Cardiovascular Disease — Duration 2 years

Due to

Due to

Other Conditions Hemiplegia (left) Arteriosclerosis (Generalized) — 1 yr. 11 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Mossenden M. D.
Address President Hospital Date signed 4-16-41

F 79717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 52-a

Registered No. F 79717

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Fairmont, N. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME SAM DUNIE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosa Dunie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Ruth.
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Jacob Dunie
13. Birthplace Ruth.

MOTHER
14. Maiden Name —
15. Birthplace Ruth

16 (a) Informant Rosa Dunie
(b) Address Fairmont, N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)
(c) Cemetery or crematory Evergreen Park
Location Bowley's Lane

18 (a) Funeral director Joyce Bevins Inc
(b) Address 1439 E. Balto. St

19 APR 17 1941 (Date Rec'd, 1941) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Apr 16 1941, and that I last saw h[illegible] alive on Apr 16 1941.

	Duration
Immediate cause of death Heart Failure	3 days
Due to Pulmonary Tuberculosis	6 mos.
Due to Hypostatic Pneumonia & Nephritis	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Willcox M. D.
Address Sinai Hospital Date signed 4-16-41

VS 8

F 79718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 79718

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette St.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aiquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Sister Gertrude (Schroen)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or~~ divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/18/78

8. AGE: Years 62 | Months 3 | Days 11 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business —

FATHER
12. Name George Schroen
13. Birthplace — Germany

MOTHER
14. Maiden Name Elizabeth Wagner
15. Birthplace — Germany

16 (a) Informant Hospital chart.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19/41 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Glen Arm

18 (a) Funeral director Geo. M. Frank & Son
(b) Address 811 N. Wolfe St.

APR 17 1941 (Date rec'd by registrar) (b) Huntington [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16 1941, at 12:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941, to April 16 1941, and that I last saw her alive on April 16 1941.

Immediate cause of death Hemorrhage

Duration 1 hr.

Due to Transfusion at operation.

Due to Chronic gall bladder disease

Other Conditions Cirrhosis of liver

(Include pregnancy within 3 months of death)

Date of operation 4/16/41

Major findings of operations: Adhesions & small stony bodies in gall bladder. Liver

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James P. Kerr M. D.

Address Bon Secours Hospital Date signed 4/16/41

VS 3

F 79719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-D

Registered No. F 79719

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2643 Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Reginald H. Offutt (Lillie C.

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Reginald H. Offutt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 23 1866

8. AGE: Years 74 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife.

11. Industry or business

FATHER
12. Name: George Louis Cook
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Margaret Hamilton
15. Birthplace: Ireland.

16 (a) Informant: Mrs. Elder H. Slade
(b) Address: 602 Hatherleigh Road

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/18/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) APR 17 1941 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1941, to April 16 1941, and that I last saw h.e alive on April 16 1941.

Immediate cause of death: Intestinal obstruction

Due to: Cause unknown.

Due to:

Other Conditions: Bronchopneumonia terminal.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/16/41

79720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-a

Registered No. 79720

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 N. Liberty Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 N. Liberty Street
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY C. STRATTON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mabel M. Stratton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1853

8. AGE: Years	Months	Days	If less than one day
87	9	7	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation Shirt Manufacturer
11. Industry or business

FATHER
12. Name Thomas S. Stratton
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Jennie Owen
15. Birthplace Massachusetts

16 (a) Informant Mrs. Mabel M. Stratton
(b) Address 226 N. Liberty Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 17 1941 (Date received by reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1937 to April 15 1941, and that I last saw him alive on April 15 1941.

Immediate cause of death	Duration
Cardiac dilatation & decompensation	2 yrs.
Due to Cardiac hypertrophy	10 yrs.
Chronic interstitial Nephritis	12 yrs.
Due to Arteriosclerosis by examination	14 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Wisner, M. D.
Address 2126 Maryland Ave Date signed 4/17/41

F 79721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79721 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Greenmount Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Francis Bannon
3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mary Bannon (nee Duggan)
6 (c) If wife, give age 44 years
7. Birth date of deceased (mo., day, yr.) Jan. 3, 1887
8. AGE: Years 54 Months 3 Days 12 If less than one day hr. min
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation storekeeper
11. Industry or business confectionery store

FATHER
12. Name Frank Bannon
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Reilly
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Bannon
(b) Address 1202 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Pinkett Funeral Home
(b) Address 824 E. Eager St. (Embalmer for Williams)

APR 17 1941 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 9:35 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? Son While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Vandegrift M.D.
Medical Examiner
Date signed 4/16/41

AdCo. 5-31 2500

F 79722

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79722

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2018 N. Charles St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Caruso

(a) Residence: No. 2018 N. Charles St., ... Ward. Born F 26515
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 11, 1941

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) Isabella
(State or country) Penn.

FATHER

13. NAME John F. Caruso

14. BIRTHPLACE (city or town) Belleville
(State or country) Ill.

MOTHER

15. MAIDEN NAME Anna Jernight

16. BIRTHPLACE (city or town) Proctor
(State or country) Penn.

17. INFORMANT John F. Caruso
(Address) 2018 N. Charles

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Lambden Date April 17 1941

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

APR 17 1941 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1941 to Apr 16, 1941

I last saw him alive on Apr 16, 1941 death is said to have occurred on the date stated above, at 9 A.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	6 mo
Deterus	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harry Holt M. D.

(Address) 2020 N. Charles

INFORMATION—THIS ORIGINAL CERTIFICATE OF DEATH IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79723 M

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

146-B

Registered No. 66182 F 29723

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Lombard Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Bishop

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of ~~husband~~ wife Nora Virginia (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1872

8. AGE: Years	Months	Days	If less than one day
69	2	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pensioner
11. Industry or business Professor

FATHER
12. Name Severn Bishop
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Smith
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2940 Allendale St

19 APR 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-41 1941, at 1 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941, to 4-15 1941, and that I last saw h~~im~~ alive on 4-15 1941.

Immediate cause of death Coronary thrombosis — Duration 14 hrs.

Due to Carcinoma of stomach with metastases — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ehlert Jr. M. D.
Address Baltimore City Hosp Date signed 4-15-41

F 79724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79724 / 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Alameda Blvd
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

Apt 6

3 (a) FULL NAME Fini's Weaver

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Wm B. Weaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1866

8. AGE: Years	Months	Days	If less than one day
74	6	7	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sew

FATHER
12. Name ? Knapp
13. Birthplace Germany

MOTHER
14. Maiden Name Louise ?
15. Birthplace ?

16 (a) Informant Frank T. Weaver
(b) Address 3009 Alameda Blvd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 17 1941 (b) Huntington Williams M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1941, at 7.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apl 10 1941 to Apl 15 1941, and that I last saw h[illegible] alive on Apl 14 1941.

Immediate cause of death
Apoplexy — Duration 5 Day
Due to Chronic Arterio Sclerosis & Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 2700 Hartford Ave Date signed 4/17/41

F 79725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 109

F 79725

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1135 N Mount (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Dorothy Stevenson Birth F 22278

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 27 - 1941

8. AGE: Years	Months	Days	If less than one day
	W3	18	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jos Stevenson

13. Birthplace VA

MOTHER 14. Maiden Name Dorothy Stith

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19 41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Crem. Pa.

18 (a) Funeral director Chas. Alexander

(b) Address 927 N. Mount St

19 (a) (b) Registrar

APR 17 1941

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 15 1941, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1941 to 4-15 1941 and that I last saw h[illegible] alive on 4-15 1941

Immediate cause of death Bronchitis or bronchiolitis ? Diffuse pulmonary

Duration 13 days ? 13 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Roy Pollard M. D.

Address Johns Hopkins Hospital Date signed 4-17-41

F 79726

F 79726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2130 Brookfield Ave
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Brookfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Millard F. Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
White	Male	married

6 (b) Name of husband or wife Elizabeth C. Lucas
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 5, 1856

8. AGE: Years	Months	Days	If less than one day
84	9	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Rev. Thomas Crawford
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Benson
15. Birthplace Md.

16 (a) Informant Elizabeth L. Crawford
(b) Address 2130 Brookfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1941 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1909 Eutaw Place, Baltimore, Md.

APR 17 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 14, 1941 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to APRIL 14 1941, and that I last saw h/M alive on APR 14 1941.

Immediate cause of death Coronary Thrombosis — Duration 2 Hours

Due to Coronary Thrombosis Dec 15 1940

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Krause, M. D.
Address 800 W. 33rd St. Date signed

VS 3

Form 5-15-40—Jas. F. S.—100 Bks.

7.9727

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79727

95-c

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N. Bruce ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles B Cook

(a) RESIDENCE NO. 313 N. Bruce ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Cook

6 DATE OF BIRTH (month, day, and year): Nov. 2-1865

7 AGE — Years: 075 | Months: 5 | Days: 13 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter & V

(b) General nature of industry, business, or establishment in which employed (or employer): Jobber

(c) Name of employer: Johns Hopkins Hospital

9 BIRTHPLACE (city or town) (State or country): King & Queen Co. Va

PARENTS

10 NAME OF FATHER: William Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): King-Queen Co. Va.

12 MAIDEN NAME OF MOTHER: Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Beatrice Rue Cook

(Address) 313 N Bruce St

15 Filed APR 17 1941 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15-41

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1941, to April 15, 1941, that I last saw h[illegible] alive on April 14, 1941, and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2nd attack Rt. Frontal Region

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

Cardiac Enlargement (duration) 1 yrs. 6 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

, 19 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Memorial

DATE OF BURIAL: April 19, 19 41

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 79728 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 N. Crown St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. Crown St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Morgan (White)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Douglass White

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1903

8. AGE: Years 37 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, state or country)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name James Morgan.
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Eliza Sullivan.
15. Birthplace Balto. Md.

16 (a) Informant Emma Morgan Murphy
(b) Address 506 N. Crown St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Carlton St Huntington Hotel Baltimore, Md.

19 (a) (Date received by Registrar) (b) Registrar

APR 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1941 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940, to April 13 1941, and that I last saw h[illegible] alive on April 13 1941.

Immediate cause of death Carcinoma Rectum — Duration 6 mos

Due to

Due to

Other Conditions Enteritis & Constant Diarrhea. — 6 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young
Address 1429 E. Monument Date signed 4/15/41

F 79729 ✓ F 79729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Hoven St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Hoven St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Frank Dennis

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ✓
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 30 - 1899

8. AGE: Years 41 | Months 42 - 10 | Days - 14 | If less than one day ____ hr. ____ min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business ✓

FATHER
12. Name Charles Dennis
13. Birthplace South Carolina

MOTHER
14. Maiden Name Helen Hemmis
15. Birthplace South Carolina

16 (a) Informant Mamie Powell
(b) Address 644 Hoven St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore County

18 (a) Funeral director Isaiah L. Bryant Son
(b) Address 108 W Montgomery St

19 (a) APR 17 1941 (Date rec'd by registrar) (b) Registrar's No. 11,852

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 14 - 1941, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1941, to April 14 1941, and that I last saw him alive on April 14 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertension
Due to: ✓
Other Conditions: ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas A. Carlson M. D.
Address 1846 E Monument St Date signed 4-16-41

F 79730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83D F 79730 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 das
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Saratoga St., Balto., Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James Robinson

3 (b) If veteran, name war: Sp.Am.

3 (c) Social Security Account No. --

4. Sex: male | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosie Robinson

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years 70 ? | Months ?? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Rest River, Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 105 W Montgomery St

19 (a) Hunting Park Ave (Date rec'd by registrar) APR 17 1941 VS 2

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 15 1941, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 1941, to Apr. 15 1941, and that I last saw him alive on Apr. 15 1941.

	Duration
Immediate cause of death: Broncho-pneumonia	4 days
Due to:	
Due to:	
Other Conditions: Hemiplegia	2 mos.

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none performed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address U.S.Marine Hospital Baltimore, Maryland Date signed 4/16/41 M. D.

F 79731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 79731
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3453 Park Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Shavrick (Shavrick)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rev Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Wife

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Lewis
15. Birthplace Russia

16 (a) Informant Isidore Shavrick
(b) Address 3453 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodelph Cemetery
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 112 & 24 W. Northern ave Huntingtown Station, Md.

19 (a) APR 17 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1941, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1941 to Apr 17 1941 and that I last saw h.e.r alive on Apr 17 1941.

	Duration
Immediate cause of death: Heart Failure	13hrs.
Due to Cerebr. Oedema (?)	2 days
Due to Generalized Arteriosclerosis	10 years
Other Conditions Uncontrolled Diabetes Mellitus + Diabetic Cardiosis (Include pregnancy within 3 months of death)	6 months

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Wolfen M. D.
Address Sinai Hospital Date signed 4-17-41

VS 8

F 79732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 79732

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The data correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1147 Hanbert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bretmore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 Hanbert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wrezak. (WREZAK) Birth F 26322

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1941

8. AGE: Years	Months	Days	If less than one day
			6 hr. 30 min.

9. Birthplace 1147 Hanbert St (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Stanley Wrezak
13. Birthplace Baltimore Md.
14. Maiden Name Anna Lenny
15. Birthplace Balto., Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 17 1941 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 17 1941 (Date received by registrar) Huntington Williams M.D. Registrar

6417

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1941, to 4/16 1941, and that I last saw him alive on 4/16 1941.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kolm
Address 10 E. Fordham Date signed 4/17/41

79733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 29733

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 So Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Muszanowske (MUSZANOWSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4911

4. Sex F | 5. Color or race wh | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Trimmer

11. Industry or business Clothing

FATHER
12. Name ------ Kaczmarowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Josephine Muszanowski
(b) Address 508 S. Montford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Hamlets
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave

19 (a) APR 17 1941 (Date received by local registrar) (b) Huntington Williams, M.D. (Signature of local registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 2-45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Anderson M.D. Medical Examiner.
Date signed 4/16/41

F 79734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79734 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Millard J. Hardy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-9224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophie M. Hausner
(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 27 1881

8. AGE: Years	Months	Days	If less than one day
59	11	23	12 hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Lamp Lighter
11. Industry or business Municipal

FATHER
12. Name Millard F. Hardy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary A McConnville
15. Birthplace Balto Md

16 (a) Informant Mrs Sophie M Hardy (wife)
(b) Address 1103 Hollins St

17 (a) Burial (b) Date thereof 4/19/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Old Frederick Rd

18 (a) Funeral director John J. Conner Son
(b) Address 20 E Hollins St

19 APR 17 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. W. Landstreet M.D.
Medical Examiner.
Date signed 4/17/41

VS 6

F 79735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1941 Registered No. F 79735

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert W. Owens Birth F 2 1467

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1941

8. AGE: Years | Months: 3 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Joseph T Owens
13. Birthplace: Annapolis Md

MOTHER
14. Maiden Name: Virginia Elder
15. Birthplace: Kentucky

16 (a) Informant: Mrs. Joseph T Owens
(b) Address: Relay Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory: Meadowridge Mem.
Location: Washington Blvd Relay Md

18 (a) Funeral director: John J. Cowan & Son
(b) Address: 601 Hillen St.

19 (a) Date received APR 17 1941 (Registrar) (b) [illegible], Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 11 1/2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxia! aspiration of vomitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. H. Vandeventer M.D. Medical Examiner
Date signed 4/17/41

F 79736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 79736

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Jenkins Mem. Hospt.
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jenkins Memorial Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 192 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 N. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Joseph Kinas

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary La.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. ?, 1874
8. AGE: Years 67 | Months 3 | Days | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kinas
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Gowan & Son
(b) Address 931 Hollins St.

19 (a) Date received by local registrar APR 17 1941 (b) Thomas J. Williams M. D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1941, at 1 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940 to 4-17 1941, and that I last saw h[illegible] alive on 2-16 1941.

Immediate cause of death: Hypertensive Cardio-Vascular Dis
Due to: Hypertension
Due to:
Other Conditions: Poss brain hemorrhage
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos Parks M. D.
Address St Agnes Date signed 4/17

79737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 79737

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 S. Bond St. St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Trzcinski (Taylor)

If U. S. Veteran specify WAR .....

(a) Residence: No. 735 S. Bond St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Trzcinski

6. DATE OF BIRTH (month, day, year) Dec 26. 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Malecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stanislawa Jankowski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT John Trzcinski

(Address) 735 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 4-19 19 41

19. UNDERTAKER W. J. Fialkowski

(Address) 2007 Eastern Ave

20. FILED APR 17 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to April 17, 1941

I last saw her alive on April 16, 1941 Death is said to have occurred on the date stated above, at 2:40 P.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Portal Cirrhosis	2 yrs approx
Other contributory causes of importance: Arteriosclerosis and hypertension	2 yrs

Was an operation performed? yes Date of Feb. 1 1939

For what disease or injury? Portal Cirrhosis

Name of operation Feb. 1 P.S.O.S.

What test confirmed diagnosis? Feb. 1 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. Specify .....

(Signed) John V. Trzcinski M. D.

(Address) 1802 Eastern Ave.

VS 5

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

79738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 29738

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 BOLTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CORA B. KEITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	WIDOWED

6 (b) Name of husband or wife THOMAS S. KEITH
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APRIL 12, 1862

8. AGE: Years	Months	Days	If less than one day
79	0	4	hr. min.

9. Birthplace APPLETON, WISCONSIN (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name ROBERT BRIGGS
13. Birthplace NEW YORK STATE

MOTHER
14. Maiden Name ALMA FENNO
15. Birthplace WISCONSIN

16 (a) Informant VERA B. TODD (NIECE)
(b) Address 2101 BOLTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/19/1941 (month) (day) (year)
(c) Cemetery or crematory RIVERSIDE
Location APPLETON, WISCONSIN

18 (a) Funeral director Walter Bruce Bradley
(b) Address 1922 W. Monument.

19 (a) APR 17 1941 (b) Huntington Williams M.D. Registrar

Vs

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1941 to Apr 16 1941, and that I last saw her alive on Apr 6 1941.

Immediate cause of death	Duration
Heart Failure	
Due to Hypertensive Cardio Vascular Disease	
Due to	
Other Conditions Diabetes Mellitus Auricular Fibrillation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel M. Tompkins M. D.
Address Sinai Hospital Date signed April 16, 1941

79739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a F 79739 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 W. Franklin
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 53 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME John T. McCann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife --------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1888

8. AGE: Years	Months	Days	If less than one day
About 53	---	---	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. Railroad

FATHER
12. Name John McCann
13. Birthplace Maryland

MOTHER
14. Maiden Name -------
15. Birthplace Maryland

16 (a) Informant John T. McCann Jr.
(b) Address 2906 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (Registrar's signature) APR 17 1941 Huntington Mill, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1941, to Apr 15 1941, and that I last saw him alive on Apr 14 1941.

Immediate cause of death: Pneumonia, Lobar — Duration: 1 day
Due to
Due to
Other Conditions grippe — 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Johnson M. D.
Address 117 W. Saratoga St. Date signed 4/16/41

VS 8

79740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 79740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 E. Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 E. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME John T. Coady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1863

8. AGE: Years	Months	Days	If less than one day
About 78	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Michael Coady
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Lyons
15. Birthplace Ireland

16 (a) Informant Miss Nellie Coady
(b) Address 3028 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) APR 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 6.00 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from March 10 1941, to April 15 1941, and that I last saw h[illegible] alive on April 15 1941.

Immediate cause of death	Duration
Coronary Thrombosis.	
Due to —	
Due to	
Other Conditions Diabetes Mellitus. Arteriosclerosis, Emphysema.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schwenk, M.D.
Address 1317 S. Charles St. Date signed 4/16/41

VS 3

79741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79741 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Bond Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beulah Johnson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1910

8. AGE: Years 30 | Months 7 8 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Co.
(Town, county, and state)

10. Usual Occupation Maid at Emmanuel More
11. Industry or business Academy

FATHER
12. Name John W. Johnson
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Josephine Dodge
15. Birthplace Balto. Co.

16 (a) Informant John W. Johnson
(b) Address JOHNS HOPKINS HOSPITAL Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 1941 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cem
Location Reisterstown

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md

Date received by Registrar APR 17 1941 (Thomas J. Williams, M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1941 at 6 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from APR. 17, 1941 to APR. 17 1941, and that I last saw he alive on APR 17 1941.

Immediate cause of death: Meningococcus meningitis — Duration: two days
Due to: (Neisseria Meningococcus)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper Jr. M.D.
Address Johns Hopkins Hosp Date signed Apr 17 41

79742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 St Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME B. Charles Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 253-05-2481

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mattie M. Williams
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 02-1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	7	27		

9. Birthplace Amarilla Texas
(Town, county, and state)

10. Usual Occupation U. S. Chamber of Commerce
11. Industry or business Special Representative

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dan C. Culver
(b) Address Delmar - Delaware

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-4 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury Maryland

18 (a) Funeral director John C. Miller Jnc.
(b) Address 243 E. Oliver St

APR 17 1941 (c) Charlton Williams M.D. Attendant
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 4 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1941, to Apr 17 1941, and that I last saw him alive on Apr 17 1941

Immediate cause of death
Coronary thrombosis — Duration 18 hours
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Clough M.D.
Address 24 E Eager St Date signed Apr 17 1941

79743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W E 79743 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Williams St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Leona C. Neubert

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	No	Female	White	Married

6 (b) Name of husband or wife Albert W. Neubert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 12, 1894

8. AGE: Years	Months	Days	If less than one day
43		5	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER	12. Name	Anthony Conway
	13. Birthplace	Balto Md
MOTHER	14. Maiden Name	Sarah Garner
	15. Birthplace	Calvert Co Md

16 (a) Informant Albert W. Neubert
(b) Address 1509 Williams St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co
18 (a) Funeral director A. Howard Evans
(b) Address 1400 W Lafayette Ave
(b) Huntington Williams 25
(Signature and title of registrar) Registrar

APR 17 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941 at 1:45 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J. Helfrich M.D. Medical Examiner.
Date signed 4/17/41

F 79744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 79744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Md. Gen'l Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Ridgely St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Hoffmann (Hofmann)

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4 Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5. 1896

8. AGE: Years: 45 | Months: 1 | Days: 1112 | If less than one day: hr. min.

9. Birthplace: Balto., Md.
(town, county, or state)

10. Usual Occupation: Restaurant Business

11. Industry or business

FATHER
12. Name: Edward L. Hofmann
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Louise Uhland
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. Eugene Hofmann
(b) Address: 936 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore

18 (a) Funeral director: M. J. Elgin
(b) Address: 1482 Light St.

19 (a) Date received by Registrar: APR 17 1941 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5- 1941, to 4-17 1941, and that I last saw HIM alive on 4-17 1941.

	Duration
Immediate cause of death: Gastric hemorrhage	14 days
Due to: Ulcers	ovr
Due to:	
Other Conditions: marked anemia	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Fuller B. Whitworth M. D.
Address: Md. Gen. Hosp. Date signed 4-17-41

29745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. 29745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 E. Churchill St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 E. Churchill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Gable

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20. 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	6	27		

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Wm. Hissey
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Sommers
15. Birthplace Md.

16 (a) Informant Mrs. Estella Roberts
(b) Address Box 149 North Point Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto.

18 (a) Funeral director W. D. Flynn
(b) Address 1422 Light St.

19 APR 17 1941 (Date received by Registrar) (b) Huntington, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1941, to April 17 1941, and that I last saw her alive on April 16 1941.

Immediate cause of death	Duration
Chronic Nephritis	Indef
Due to	
Due to Epithelioma	4/14/41
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. C. H. Campbell M.D.
Address 1646 Hanover St Date signed 4/17/41

F 79746 × F 79746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Carroll County
(c) City or town: Mitchellville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) **FULL NAME** Elsie Marshall

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Woodland Marshall

6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years: 34 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Mitchellville, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Daniel Small

13. Birthplace: Va.

MOTHER — 14. Maiden Name: Ella Hebard

15. Birthplace: Va.

16 (a) Informant: Woodland Marshall

(b) Address: Mitchellville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 17 41 (month) (day) (year)

(c) Cemetery or crematory: Annapolis, Md

Location:

18 (a) Funeral director: J. B. Ferguson

(b) Address: Annapolis

APR 18 1941 (Date filed by registrar)

(Signature of Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-17 1941, at 5:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941, to 4-17 1941, and that I last saw h.e.r. alive on 4-17 1941.

	Duration
Immediate cause of death: Lobar Pneumonia, bilateral	7 Days
Due to: Lung abscess Rt.	1 Yrs.
Due to:	own
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. H. Leitch M. D.

Address: University Hospital Date signed: 4-17

VS 3

F 79747 #8 Shop.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 70

F 79747
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Venable Poteat Meekins Birth F18815

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9th 1940

8. AGE: Years | Months: 5 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Maryland
(Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Samuel Meekins
13. Birthplace

MOTHER
14. Maiden Name: Wilma
15. Birthplace

16 (a) Informant: Peeples
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1941 (month) (day) (year)
(c) Cemetery or crematory: Int Calvary
Location: Brooklyn Md. Anne Arundel Co.

18 (a) Funeral director: Bassett Dramin & Knight
(b) Address: 12 18 Me & Edesy St

19 (Date received by registrar) Registrar

APR 18 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1941 to 4/15 1941, and that I last saw h... alive on 4/15 1941.

Immediate cause of death: Septicemia (?) — Duration: 4 days

Due to

Due to

Other Conditions: Pediatric

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Gross only negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Roy O Pollack
J. H. H.
Address Date signed 4-16-41 M. D.

79748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 98

F 79748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 S Poca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S Poca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina H Schindhelm

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Gustav A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1858

8. AGE: Years 82 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Margarita (Unknown)
15. Birthplace Germany

16 (a) Informant Emma Linthicum
(b) Address 3912 Spaulding Ave

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 4/18/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Williams
(b) Address 1219 E Pratt St

APR 18 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1935 to April 16 1941, and that I last saw h[illegible] alive on 4/16 1941.

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da
Due to: Hardened Arteries - Sclerosis
Due to: Arterio Sclerosis Gangrene right foot — Duration: Mos
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph G Carbarta
Address 619 Washington Blvd Date signed 4/18/41

VS 1

F 29749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2 Registered No.

F 29749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 E Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmund J Mullen

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-18-0715

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2. 1893

8. AGE: Years 48 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business US Govt

FATHER
12. Name Thomas Mullen
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Reimers
15. Birthplace Baltimore Md

16 (a) Informant Edmund J Mullen
(b) Address 1905 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)

(c) Cemetery or crematory Mem Cathedral
Location Baltimore Md

18 (a) Funeral director Fulton & Co
(b) Address 1214 E Pratt St

19 (a) [illegible] (b) [illegible] Registrar
(Date received by Registrar)

APR 18 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1941, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1941, to Apr 17 1941, and that I last saw h alive on Apr 16 1941.

Immediate cause of death Cardiac failure due to myocarditis — Duration 5 weeks

Due to

Due to

Other Conditions Bronchitis — Duration 5 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. MacMurchy M. D.
Address 708 E. Chase St Date signed

F 79750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

F 79750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave
(c) Hospital or institution Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Caswell St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena R Cross

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William H Cross
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): June 22, 1882
8. AGE: Years 58 | Months 9 | Days 25 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Meyers
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Elizabeth Lahs
15. Birthplace: Baltimore Md

16 (a) Informant: William H Cross
(b) Address: 1500 Caswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/19/41 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Parkville Md

18 (a) Funeral director: Wilson Bros
(b) Address: 1219 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1941, at 7:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940 to April 17 1941, and that I last saw h[illegible] alive on April 16 1941.

Immediate cause of death: Carcinoma left breast to Metastasis
Due to: to spines (4th Dorsal)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 8/10/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Chas W Edwards M. D.
Address: 2746 Alameda Date signed: 4/17/41

F 79751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79751 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Perry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 W. Perry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J. Omaro
3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Maggie Omaro
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1896
8. AGE: Years 44 Months Days If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Simon Omaro
13. Birthplace West Indies
MOTHER 14. Maiden Name Emma Burford
15. Birthplace Va

16 (a) Informant Maggie Omaro
(b) Address 123 W. Perry St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director James A Hayes
(b) Address 142 W Saratoga St

APR 18 1941 (Date received by registrar) (b) Huntingtown Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 1941 at 2.45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Apr 16 1941. and that I last saw [illegible] alive on Apr 15 1941.

Immediate cause of death: Chronic Cardio-Renal disease — Duration: about 5 mo.
Due to unknown.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John W. Grimes
Address 615 S. Paca St Date signed M. 4 D. 17 1941

F 79752

79752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 1 year 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (Curtis Bay) (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Cypress St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Kegmere Mentacki

3 (b) If veteran, name war ~

3 (c) Social Security Account No. none K

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Hattie Mentacki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-81

8. AGE: Years	Months	Days	If less than one day
60	2	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business

FATHER
12. Name Valentine Mentacki
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ann Durgalski
15. Birthplace Germany

16 (a) Informant Mrs Hattie M Mentacki
(b) Address 1510 Cypress St Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) 4-18-1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1941 to 4-16 1941 and that I last saw h. alive on 4-16 1941.

Immediate cause of death Carcinoma of Lung — Duration 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address 2025 W. Pratt St Date signed 4-16-41

7975 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 87-D

F 79753 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Brooklyn
(b) Street address 4010 4th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 4th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: William Stroh

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 12 1853

8. AGE: Years	Months	Days	If less than one day
87 83	11	54	____ hr. ____ min.

9. Birthplace: Balto (Town, county, and state)
10. Usual Occupation: ———
11. Industry or business: —

FATHER
12. Name: Wm Stroh
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Elizabeth Wagner
15. Birthplace: Germany

16 (a) Informant: Mrs. William Waldschmidt
(b) Address: 4010 4th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 1941 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Brooklyn Md

18 (a) Funeral director: William M Marecek
(b) Address: 715 Light St

19 (a) ____ (Date rec'd by registrar) Hunter Williams M.D. Registrar

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1/40. to Apr. 16/41. and that I last saw him alive on Apr. 15/41.

Immediate cause of death	Duration
Multiple Sclerosis.	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry Hardt Schmidt M. D.
Address: 923 Hanover Date signed: Apr 18/41

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 79754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 79754

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 HRS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street 2917 WHITE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY KIRCHER Birth F 26583

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S CHILD.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/41

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name CHARLES KIRCHER
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name LYDIA RETER
15. Birthplace BALTIMORE

16 (a) Informant Mrs Kircher
(b) Address 2917 WHITE AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-41 (month) (day) (year)
(c) Cemetery or crematory Leakin Hill
Location

18 (a) Funeral director Leonard J Roche
(b) Address 5305 Harford Road

APR 18 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1941, to 4/16 1941, and that I last saw him alive on 4/16 1941

Immediate cause of death — Duration

PREMATURITY

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Adams M. D.
Address 6217 Harford Rd Date signed 4-17-41

F 79755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79755

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 9 days
(e) Length of stay in Baltimore (yrs., mos., or days): 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2131 N. Fulton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

15th

3 (a) FULL NAME: William George PETTIS

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Annie Dipple
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	18	hr. min.

9. Birthplace: Washington, D. C. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Franklin Pettis
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace: Washington, D.C.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 41 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Road

18 (a) Funeral director: J. Walter May
(b) Address: 619 N. Bouldin St

APR 18 1941

(a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17, 1941, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1941, to April 17 1941, and that I last saw him alive on April 17 1941

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Cystic degeneration of the brain — Unknown
Due to: Cerebral arteriosclerosis — Unknown
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. M. H. Anderson M.D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 4/19/41

F 79756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 79756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 das
(e) Length of stay in Baltimore (yrs., mos., or days) unkn.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. The Anchorage, 1644 Thames St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Chilcott

3 (b) If veteran, name war

3 (c) Social Security Account No. 451-24-4675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife May Boyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1878

8. AGE: Years	Months	Days	If less than one day
62 ~~55~~	5	16 15	hr. min.

9. Birthplace ? England (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business Merchant vessel

FATHER
12. Name Henry Chilcott
13. Birthplace ? Ireland

MOTHER
14. Maiden Name Elizabeth - ?
15. Birthplace ? Wales

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Hampden
Location Baltimore

18 (a) Funeral director E. Sroat Staffleo, Inc.
(b) Address 125 W. Mulberry St. Baltimore, Md.

19 (a) (Date received by Registrar) (b) Registrar

APR 18 1941

VS 3

MEDICAL CERTIFICATION

P

20. DATE OF DEATH April 13 1941, at 1:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 1941, to Apr. 13 1941, and that I last saw him alive on Apr. 13 1941.

	Duration
Immediate cause of death: Myocardial infarction	3 wks
Due to: Coronary thrombosis	3 wks
Due to: arteriosclerosis	unkn.
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature]
Address U.S. Marine Hospital Baltimore, Maryland Date signed M. D. 4/16/41

F 79757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79757

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 9
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County HARFORD
(c) City or town EDGEWOOD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME WILLIAM BECHTOLD

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-4618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of ~~husband or~~ wife ANNA BECHTOLD
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) JAN. 9, 1871

8. AGE: Years	Months	Days	If less than one day
70	3	8	... hr. ... min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation TOOL CHECKER
11. Industry or business

FATHER
12. Name JOHN BECHTOLD
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE BECHTOLD
15. Birthplace GERMANY

16 (a) Informant Anna Bechtold
(b) Address Edgewood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1941 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Joppa, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) APR 18 1941 (Date received by Registrar) (b) Huntington Hill, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 17 1941, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR. 9 1941, to APR. 17 1941, and that I last saw H/M alive on APR. 17 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Chronic Thrombosis	
Stasis in Coronary Artery	
Due to Coronary Heart disease	
Arteriosclerosis	
Due to ...	
Other Conditions ...	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature J. M. Duncan Kemp M. D.
Address Church Home Date signed 4/17/41

F 79758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 5 9

F 79758

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 W. McCabe Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Duitscher Birth F 26588

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-14-41

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Elmer Duitscher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida Harbaugh
15. Birthplace Baltimore, Md.

16 (a) Informant Elmer Duitscher
(b) Address 605 McCabe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director E. Leroy Stauffer, Inc.
(b) Address 125 E. North Ave.

19 (a) (Date received by registrar) (b) Registrar

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14/41 19 . at 10 43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 19 41 to 4/14 19 41 and that I last saw him alive on 4/14 19 41.

Immediate cause of death Respiratory collapse — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Jenkins
Address St. Joseph's Hospital Date signed 4/14/41 M. D.

F 79759 F 79759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Preston Apts. Registered No.
CITY OF BALTIMORE: (No. Preston St. & Guilford Ave. St. 11-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 53 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Rosa Emory Maguire If U. S. Veteran specify WAR
(a) Residence: No. Preston Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Bernard L. Maguire

6. DATE OF BIRTH (month, day, year) Jan. 23, 1888

7. AGE — Years 53 | Months 2 | Days 24 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER
13. NAME A. Walsh Emory
14. BIRTHPLACE (city or town) ------- (State or country) Maryland

MOTHER
15. MAIDEN NAME Rosa Cassidy
16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Bernard L. Maguire
(Address) N.W.Cor.Preston St.& Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/19 19 41

19. UNDERTAKER H. W. Mears and Son
(Address) 805 N. Calvert Street

20. FILED APR 18 1941 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 19 41

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 19 38 to April 19 19 41
I last saw h[illegible] alive on April 19 19 41 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	1939
(Primary carcinoma was on Right Breast)	1936
Other contributory causes of importance: Pulmonary oedema	12 hrs

Was an operation performed? Yes Date of DEC 28, 1938
For what disease or injury? Carcinoma breast
Name of operation Removal of breast (R) Date of 12/28/38
What test confirmed diagnosis? Pathological exam (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles E Bagott M. D.
(Address) 2229 Eutaw Place

V.S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

Registered No. F 79760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME (MARY) Mary M C Clean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife -------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 18, 1858.

8. AGE: Years	Months	Days	If less than one day
82	11	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Edmund McClean
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna M. Daly
15. Birthplace Ireland

16 (a) Informant Edw. Fowell
(b) Address 3406 Fort St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. Extended

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) (Date work begun) (b) (Registrar)

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1941. to Apr. 16 1941. and that I last saw h[illegible] alive on Apr. 16 1941.

Immediate cause of death Acute Cardiac Dilatation — Duration 2 Days

Due to Hypostatic Pneumonia C. V. Disease. — 2

Due to

Other Conditions Glandular Tumor of Jaw.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None performed.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Daly M. D.
Address Mercy Hospital Date signed

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jenkins Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Jenkins Hosp H (If rural give location)
810 Beaumont ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet M. Canter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 1854

8. AGE: Years	Months	Days	If less than one day
87	2	24	3 hr. min.

9. Birthplace New York City N.Y. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name Lewis Canter
13. Birthplace Maryland

MOTHER 14. Maiden Name Rebecca Stevens
15. Birthplace Maryland

16 (a) Informant Chas
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19 1941 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

APR 18 1941 (Date received by Registrar) (b) Baltimore, Md. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 – 16 1941, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 – 1 1941, to 4 – 16 1941, and that I last saw her alive on 4 – 16 1941.

Immediate cause of death	Duration
Dilatation Cardiac Failure	
Due to Arteriosclerosis	
Due to	
Other Conditions Hernia, Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. W. Parks M. D.
Address St. Agnes Hosp Date signed 4/16

F 79762

DH 65295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 79762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 N. Conkling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Adam Georges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Philomonio

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 ? 1855

8. AGE: Years	Months	Days	If less than one day
86	-	12	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Retd Pension

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19/41 (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Geo. M. Leach & Son
(b) Address 811 N. Howard St.

19 (a) Date received by (Registrar) APR 18 1941 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-1941, at 9 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1941, to 4-17-1941, and that I last saw him alive on 4-17-1941.

	Duration
Immediate cause of death Bronchopneumonia	?
Due to U.S. Hosp. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome Goldstein M. D.
Address Balt City Hosp Date signed 4-17-41

F 7976?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. ✓× F-19763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. Oakdale Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Piszczako

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Madeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-69

8. AGE: Years	Months	Days	If less than one day
71	8	-	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 19-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Depetrone
(b) Address 1818 E. Baltimore St

19 (a) APR 18 1941 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 16 1941, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1941 to April 16 1941, and that I last saw him alive on April 16 1941.

Immediate cause of death Extravasation of urine
Rupture of bladder
Due to infiltrating carcinoma of the bladder
Due to

Other Conditions Benign prostatic hypertrophy (Include pregnancy within 3 months of death)

Major findings:
Of operation 4/15/41
Old blood & carcinoma bladder
Of autopsy none obtained

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B. Lemmans M. D.
Address Johns Hopkins Hospital Date signed 4-18-41

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 F 79764 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct as far as possible, and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Lock Raven Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mayld (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Lock Raven Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lana V Hamerman
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband Robert Hamerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 70 | Months - | Days - | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name George A. Feltz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lana Hancock
15. Birthplace Maryland

16 (a) Informant Robert Hamerman
(b) Address 2410 Lock Raven Road

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 19 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location 305 Papeon

18 (a) Funeral director Mary M. Wardfield
(b) Address 201 E. 22nd St

19 (a) Filed (Date rec'd by registrar) (Registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th. 1941, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 th. 1941 to April 16th 1941, and that I last saw her alive on Apr. 15th 1941.

Immediate cause of death
Uremia — Duration 3 days

Due to Chronic Interstitial Nephritis

Due to [redacted]

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo W Mangan M.D.
Address 401 E. 25th. St.
Date signed 4/18/41

79765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 ✓ F 79765 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D. Jay's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Gulford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary V. T. Herzog

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1872
8. AGE: Years 69 | Months — | Days — | If less than one day — hr. — min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business

FATHER
12. Name Marquerite Herzog
13. Birthplace Germany

MOTHER
14. Maiden Name Mary - Wolf
15. Birthplace Germany

16 (a) Informant Mrs Mary V Dutrow
(b) Address 3110 - Hamilton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-19-1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location 257-259 R.

18 (a) Funeral director Mary M Wedefeld
(b) Address 501 E. 22nd St

19 (a) (Date rec'd by registrar) (b) Filed by Wm. J. Tilden, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1941, to April 15 1941, and that I last saw h— alive on April 15 1941.

Immediate cause of death Ruptured Tuberculosis
Due to Chronic Tuberculosis
Due to
Other Conditions Arteriosclerosis
Ruptured Typhoid Ulcer
(Include pregnancy within 3 months of death)

Duration 2 days

Major findings:
Of operations Ruptured appendix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Tilden M.D.
Address 22 Gaylord Apts M. D.
Date signed 4/15/41

9766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 79766

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 Shield Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Shield Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecil Hathaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr - 1896

8. AGE: Years	Months	Days	If less than one day
45	-	-	hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William Hathaway
13. Birthplace md.

MOTHER 14. Maiden Name Victoria
15. Birthplace md

16 (a) Informant Dorothy Shorts
(b) Address 1223 Shields Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 1 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 13 1941 to April 15 1941, and that I last saw deceased alive on April 15 1941.

Immediate cause of death: Coma Uremia

Duration 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1223 Shield Pl Date signed April 16 1941

79767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 E 79767 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor T. Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	widow

6 (b) Name of husband or wife Walter E. Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1899

8. AGE: Years	Months	Days	If less than one day
41	7	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name John Neal
13. Birthplace unknown

MOTHER
14. Maiden Name Rachel ——
15. Birthplace unknown

16 (a) Informant Ethyl Neal
(b) Address 19 North Freemont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williamson Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1941, at 10:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 4-17-41

VS 6

F 79768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1886

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name — Clark
13. Birthplace Md.

MOTHER
14. Maiden Name Katie —
15. Birthplace St. Marys Co. Md.

16 (a) Informant Major Milburn
(b) Address 810 Caroline St (N)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director R. E. Williams
(b) Address 15-15 McCulloh St

19 (a) ADD (Died) (b) Huntington Mills Co., Miss.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1941, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1941, to 4/16 1941 and that I last saw h[illegible] alive on 4/15 1941.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular disease	UNK
Due to	
Due to	
Other Conditions Cellulitis of Rt leg	1 Mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] Address 1500 E. Madison St Date signed 9/17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79769 OF 64899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-EF 79769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5107 Carmine Avenue (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Mar.

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1877

8. AGE: Years	Months	Days	If less than one day
63	7	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Micheel Welsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Cummings
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director P. F. McCully
(b) Address 30 Cathedral St. Baltimore, Md.

19 (a) APR 18 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1941, at 12 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941, to 4-17 1941, and that I last saw h er alive on 4-16 1941

Immediate cause of death: Carcinoma - primary site not determined — Duration: 2 yrs.?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 4-18-41

F 79770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 79770 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6210 FAIR OAK AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6210 FAIR OAK AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years

3 (a) FULL NAME Charlotte Heil

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: HENRY F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1865

8. AGE: Years: 75 | Months: 7 | Days: 22 | If less than one day: hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name ?
13. Birthplace GERMANY

MOTHER
14. Maiden Name ?
15. Birthplace GERMANY

16 (a) Informant Mr. FRED. HEIL (Son)
(b) Address 6210 FAIR OAK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-19-41 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location Ritchie Highway

18 (a) Funeral director J. J. McCauley
(b) Address 130 Dunbarton Ave., Md.

19 (a) APR 18 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940 to April 16 1941, and that I last saw her alive on April 16 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Days
Due to Arteriosclerosis	5 yrs
Due to High Blood Pressure	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. D. Lohmeyer M.D.
Address 9938 Harford Rd Date signed 4/17/41

F 79771 F 79771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Gilmor St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Alton

If U.S. Veteran specify WAR

(a) Residence: No. 1138 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Alton (Deceased)

6. DATE OF BIRTH (month, day, year) 1878 ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

FATHER

13. NAME Edward Hucks

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Randall

(Address) 1138 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 4/19/41 19...

19. UNDERTAKER Chas H Alexander

(Address) 929 Pennsylvania Ave

20. FILED APR 18 1941 Huntingtown Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1941 to April 17, 1941

last saw h... alive on April 15, 1941 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1940
Other contributory causes of importance: Gangrene of Left leg Foot	2/20/41

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E Willson Frey M. D.

(Address) 1928 Penna. Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M

F 79772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Lemmon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

13

3 (a) FULL NAME FRANKLIN Joseph HARTEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude Hobelman
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 45	---	---	-- hr. --- min.

9. Birthplace Solomon's Island, Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business ------

FATHER
12. Name Franklin Pierce Harten
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Stone
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mrs. Gertrude H. Harten
(b) Address 1 W. Bishop Road, Guilford Manor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) APR 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Illuminating gas gas	
Due to Suicide	
Other Conditions mental depression	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 17, 1941
(c) Where did injury occur? garage in rear of 32 1805 Park Ave (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas gas in car

23. Signature H. L. Wallenhorst Jr. Medical Examiner. M.D.
Date signed 4-17-41

garage

F 79773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 79773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 Ellenj St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Ellenj St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Martha Roberts.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4 Sex Fem. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Murray Roberts

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1865.

8. AGE: Years 73 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Maryland. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Lloyd Gates.

13. Birthplace Md

MOTHER 14. Maiden Name Sarah ?

15. Birthplace Md

16 (a) Informant Mrs. Minnie Johnson

(b) Address 2427 Ellenj St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)

(c) Cemetery or crematory Union Bridge, Md

Location

18 (a) Funeral director Geo. A. S. Kelson

(b) Address 1303 Pressman St.

19 (a) APR 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1941. at 3p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1941, to Apr. 17 1941, and that I last saw h[illegible] alive on Apr. 16 1941.

Immediate cause of death: Cardio-Renal-Vascular disease. — Duration 2yrs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. N. Pifer M.D.

Address 536 W. Lanvale St. Date signed 4/18/41

VS 3

F 79774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 79774

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 W Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 - W Lanvale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	col	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-21-1900

8. AGE: Years	Months	Days	If less than one day
40	6	25	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Henry Lawson
13. Birthplace md

MOTHER
14. Maiden Name Mary Barber
15. Birthplace md

16 (a) Informant Edward Lawson
(b) Address 1626 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo L. Kelson
(b) Address 1830 Presstman

19 (a) (Date rec'd by registrar) APR 18 1941 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/ 2 1940, to 4-16-1941, and that I last saw h[illegible] alive on 4-16 1941.

Immediate cause of death Carcinoma of Uterus
Due to Metastasis

Duration
1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1830 Presstman Date signed 4/18/41

VS 3

79775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79775 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 Beechdale Rd
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 14
(d) Street No. 9 Beechdale (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Edith Rusk Price

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife John G. Price Jr.

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan 4 1871

8. AGE: Years 70 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William Rush
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Josephine Carter
15. Birthplace Baltimore

16 (a) Informant J. G. Price Jr. (Husband)
(b) Address 9 Beechdale

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 21 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Stewart Mortuary
(b) Address 108 W North Ave.

19 (a) (Date received by Registrar) **(b)** [illegible] Registrar

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1941, to 4/18 1941, and that I last saw h[illegible] alive on April 17 1941.

Immediate cause of death Coronary Thrombosis — Duration 2½ mos

Due to arteriosclerosis — ?

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis W. Gluck M. D.

Address 715 Park Ave **Date signed** 4/18/41

79776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79776 Registered No.

Every item of information should be carefully supplied, with CAREFUL ATTENTION TO DETAIL. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Carney (If outside city or town limits, write RURAL and give town)
(d) Street No. 9306 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Cleaves Amy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Margaret C Amy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1862

8. AGE: Years	Months	Days	If less than one day
78	9	11	hr. min.

9. Birthplace Wisconsin (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Samuel Amy
13. Birthplace Maine

MOTHER
14. Maiden Name Lucinda Grissin
15. Birthplace Maine

16 (a) Informant Mrs Margaret Amy - wife
(b) Address 9306 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl-19-41- (month) (day) (year)
(c) Cemetery or crematory Presbyterian Church yard Frankhill Location Baltimore, Maryland

18 (a) Funeral director STEWART & BOWEN COMPANY
(b) Address (E. F. WOODLE SUC.) 103 E. North Avenue

19 (a) Date received by registrar Huntington Williams M.D.

APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1941, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941, to April 17 1941, and that I last saw him alive on April 17 1941.

Immediate cause of death	Duration
Central Vascular accident	
Due to Arteriosclerosis,	over
generalized.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L Johnson, M.D.
Address Union Memorial Hospital Date signed 4-17-41 M. D.

79777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79777
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town East Port
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Severn Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Cynthia Hause

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-40

8. AGE: Years	Months	Days	If less than one day
98	10		hr. min.

9. Birthplace Annapolis, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name L. Earl Hause
13. Birthplace Md

MOTHER
14. Maiden Name Alice Baseley
15. Birthplace Nebraska

16 (a) Informant Mrs E. I. Hause
(b) Address Eastport Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/41 (month) (day) (year)
(c) Cemetery or crematory Mount Emily
Location Annapolis Md

18 (a) Funeral director B-L Hopkins
(b) Address Annapolis Md

(a) APR 18 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 19 41 at 12 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 00 PM 4-12 19 41, to 12 05 PM 4-17 19 41, and that I last saw her alive on 4-17 19 41

Immediate cause of death	Duration
Acidosis	2 hrs
Anuria	5 days
Due to Bronchopneumonia	0
Due to	
Other Conditions Dehydration	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Bronchopneumonia RF

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address University Hospital Date signed 4-18-41 M. D.

F 79778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-N

Registered No. F 79778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: 225 N. Montford Ave
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 54 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date received by registrar)

UNIVERSITY MEDICAL SCHOOL APR 18 1941
Commissioner of Health
Per M. A. Moore.
APR 18 1941
Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1941, at 8:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Hypertension	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier Asst. Medical Examiner. M.D.
Date signed 4-9-41

6418

VS 6

79779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 79779

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. Thrope St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Thrope St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME ALFRED JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			... hr. ... min.

9. Birthplace ... (Town, county, and state)
10. Usual Occupation "Janitor"
11. Industry or business odd jobs.

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 18 1941
Commissioner of Health
18 (a) Funeral director
(b) Address Per H. A. Moore
19 APR 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. 16420

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1941, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy ... thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death Tuberculosis pulmonary — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Major findings:
Of operations ho
Of autopsy ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 4-11-41

F 79780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. F 79780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 W. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hobbs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
FATHER 13. Birthplace

MOTHER 14. Maiden Name
MOTHER 15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) APR 18 1941 (Date rec'd by registrar) Registrar

UNIVERSITY MEDICAL SCHOOL APR 18 1941
Commissioner of Health
Per H. A. Moore
Huntington Williams M.D.
16419

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1941, at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection-Autopsy thereon and from the evidence obtained by said Inspection-Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to Coronary Disease	
Due to and complicated by Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wilcox M.D.
Medical Examiner.
Date signed 4-14-41

F 79781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belmont Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 565 W. Hoffman (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Jackson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-1890

8. AGE: Years	Months	Days	If less than one day
50		15 14	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Henry Jackson
13. Birthplace Va.

MOTHER 14. Maiden Name Emma Lassard
15. Birthplace Va.

16 (a) Informant Charles Farrington
(b) Address 1715 Eutaw Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-'41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Wm. Chas. H. Holla
(b) Address 1631 Druid Hill Ave.

APR 18 1941 (Date rec'd by Registrar) (b) Huntington Hill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1941, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1941, to 4-14 1941, and that I last saw her alive on 4-14 1941.

	Duration
Immediate cause of death Hypertensive Cardio-Vascular Disease.	
Due to Acute Cardiac Decompensation	6 days.
Due to Acute Dilatation Heart	1/2 Hr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Leaks M. D.
Address University Hospital Date signed 4-14

79782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-4 Registered No. 29782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 N. PATERSON PARK AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. PATTERSON PARK AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME JOSEPH ALES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA ALES
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) APR.? 1889

8. AGE: Years	Months	Days	If less than one day
52			____ hr. ____ min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name JOHN ALES
13. Birthplace EUROPE

MOTHER
14. Maiden Name ANNA NEBRENSKY
15. Birthplace EUROPE

16 (a) Informant ANNA ALES (WIFE)
(b) Address 106 N. PATTERSON PARK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 21/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Sale[illegible]
(b) Address 403 S. WOLFE ST.

19 (a) APR 18 1941 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 17 1941, at 1/30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to April 16 1941, and that I last saw h[illegible] alive on April 16 1941.

Immediate cause of death: Terminal Bronco-Pneumonia — Duration 2 days
Due to Carcinoma of undetermined ? origin with widespread metastasis — Marked Secondary Anemia
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 700 E. Pratt St. Date signed APR 19 1941

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79783 Registered No.

Please write plainly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6308 EVERALL AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6803 EVERALL AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY JEFFRES

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: EDITH JEFFRES

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 16 1903

8. AGE: Years 37 30 | Months 9 10 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation MOTORCYCLE PATROLMAN

11. Industry or business BALT. POLICE DEPT.

FATHER
12. Name JOSEPH JEFFRES
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARGARET E. MILLER
15. Birthplace BALTO. MD.

16 (a) Informant JOSEPH JEFFRES (FATHER)
(b) Address 6803 EVERALL AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 19/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tillett & Zeilenga
(b) Address 403 S. WOLFE ST.

19 APR 18 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 16 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to April 16 1941, and that I last saw h. alive on April 16 1941.

Immediate cause of death — Duration:
Bilateral Pulmonary T.B. 2 yrs.

Due to

Due to

Other Conditions CAVITATION 1 yr.
Pleurisy & Exudation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hal Bartlett M. D.
Address 4 & 13 Frederick Ave Date signed 4/17/41

F 79784 DF 65001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79784 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Montford Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta Ballinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1890

8. AGE: Years	Months	Days	If less than one day
51		6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ruth
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director John J. Miller
(b) Address 2804 Jefferson St.

19 (a) (Date received by registrar) (Signature of registrar)

APR 18 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1941, at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1941, to 4-16 1941, and that I last saw h. or alive on 4-16 1941.

Immediate cause of death	Duration
Cellulitis of both legs	18 days
Due to Broncho-pneumonia	7 days
Due to Arteriosclerotic C.V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 4-17-41

F 79785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

F 79785
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolyne St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 N. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Beyer Barth F 12874

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22-1940

8. AGE: Years	Months	Days	If less than one day
0	8	26	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George C. Beyer
13. Birthplace 1906 Balto Md

MOTHER
14. Maiden Name Ethel Hiltimore
15. Birthplace Balto Md

16 (a) Informant George C. Beyer
(b) Address 1716 N. Chapel St

17 (a) Burial (b) Date thereof Apr 19-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oakleaves
Location Baltimore County

18 (a) Funeral director Pott & A. M. Walter
(b) Address Pratt & Stricker Sts

APR 18 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1941, to 4-17 1941, and that I last saw her alive on 4-17 1941.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Grauwiler M. D.
Address St Joseph's Hosp Date signed 4-17

F 79786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 79786

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 661 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Culwell (45852)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May ? 1860

8. AGE: Years 80 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Bailey
13. Birthplace ?

MOTHER
14. Maiden Name Mary
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Albert W. Pregar
(b) Address 440 E. Northern Ave.

19 (a) APR 18 1941 (Date received by registrar) (b) Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1941 to Apr. 12, 1941 and that I last saw him alive on April 12, 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration 3 yrs. 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David H. Hollander M. D.

Address Balto. City Hospitals Date signed 4-14-41

F 79787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79787
Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Auchentorly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Yrs 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Auchentorly Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annabel M. Fields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James M. Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21 - 1888

8. AGE: Years	Months	Days	If less than one day
53		26	hr. min.

9. Birthplace Trenton Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew M. Hood
13. Birthplace Owings Mills, Md.

MOTHER
14. Maiden Name Mary E. Greifenstein
15. Birthplace Trenton, Md.

16 (a) Informant Mrs Mildred Fotter
(b) Address 2702 Auchentorly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19-41 (month) (day) (year)
(c) Cemetery or crematory Christ Lutheran Cem
Location Trenton - Md

18 (a) Funeral director Harris Cook Sykes
(b) Address 600 W. North Ave

19 (a) Date received by registrar APR 18 1941 (b) Registrar Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 16 - 1941, at 3:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard L. Malcolm M.D. Medical Examiner.
Date signed 4-19-41

79788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a

Registered No. F 79788

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town York (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 N. Queen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Kelb

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: M.
6 (b) Name of husband or wife: Edith Y. Kelb.
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 66 | Months | Days | If less than one day: hr. min.

9. Birthplace: York, Pa. (Town, county, and state)
10. Usual Occupation: Brewer. - (Retired)
11. Industry or business: Beer

FATHER
12. Name: Theodor Kelb.
13. Birthplace: Railroad, Pa.

MOTHER
14. Maiden Name: Louise Kanock.
15. Birthplace: Baltimore, Md.

16 (a) Informant: Edith Y. Kelb.
(b) Address: 45 N. Queen St. York, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 4 (day) 20 (year) 41
(c) Cemetery or crematory: Prospect Hill
Location: York, Pa.

18 (a) Funeral director: Jacob Hartenstein
(b) Address: New Freedom, Pa.

19 (a) APR 18 1941 (Date received by Registrar) (b) Registrar's signature: [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1941, at 1 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941, to 4-18 1941, and that I last saw h[illegible] alive on 4-17 1941.

Immediate cause of death: Coma and Pulmonary Edema — Duration: 2 Days
Due to: Portal Cirrhosis — years
Due to: — years
Other Conditions: Chronic Alcoholism, Hemorrhagic Diathesis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations: Portal Cirrhosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: K. M. Cunningham
Address: York Hospital Date signed 4-19-41

79789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 79789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 143 N. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 143 N. Lakewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter S. Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-3497

4. Sex ~~Female~~ M

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1880

8. AGE: Years 60 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Standard Oil Co/

FATHER
12. Name William H. Schwartz
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Julia Bandel
15. Birthplace Baltimore Md.

16 (a) Informant John W. Hamilton
(b) Address 143 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemt.
Location Greenmount Ave.

18 (a) Funeral director Laurence F. Hoffman
(b) Address 1639 N. Broadway.

19 (a) APR 18 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 19 41, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 19 41, to Apr 16 19 41, and that I last saw h alive on Apr. 16 19 41.

Immediate cause of death Lobar Pneumonia — Duration 7d
Bacterium Henrici Friedländer
Due to (Contributory)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W. Lafferty M. D.
Address 732 S. Patterson Park Date signed 4/17/41

VS 2

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

F 79790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6425 Eastern ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J Sterling

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 212-09-3770

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Sterling
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 16 - 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	1	1		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Body Maker
11. Industry or business National Can Co (Metal Body)

FATHER
12. Name Edward Sterling
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Frances Makowicka
15. Birthplace Germany

16 (a) Informant Louis Georg Sterling
(b) Address 6425 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave.

18 (a) Funeral director Clarence P Hoffman
(b) Address 1639 Broadway

19 (a) Filed APR 18 1941 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1941, at 9:55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection, Autopsy thereon and from the evidence obtained by said Inspection, Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of chest
Due to involving liver
Due to
Other Conditions Psychoneurosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-17-1941
(c) Where did injury occur? 6425 Eastern ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted bullet wound.

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-17-41

79791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. B 29791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 W. Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs. 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME May E. Wood.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Jas. H. B. Wood.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24. 1866

8. AGE: Years	Months	Days	If less than one day
74	11	24	hr. min.

9. Birthplace Annsville N.C. (Town, county, and state)
10. Usual Occupation At Home.
11. Industry or business —

FATHER
12. Name W. S. Kendall.
13. Birthplace N. C.

MOTHER
14. Maiden Name Jay Watkins.
15. Birthplace N. C.

16 (a) Informant E. H. Wood.
(b) Address Annapolis Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Fredericks Ave

18 (a) Funeral director Harry N. Pitzka
(b) Address 401 Edmondson ave.

19 (a) (Date received by local registrar) (b) (Registrar) Huntington Williams, M.D.

APR 18 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1941, at 1.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1940 to Apr. 17 1941. and that I last saw h[illegible] alive on Apr. 16 1941.

Immediate cause of death	Duration
Cerebral Hemorage	4/19/41
Due to Chr. Myocarditis	1936
Due to	
Other Conditions Chr. Interstitial Nephritis (Include pregnancy within 3 months of death)	1936

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul I Brown M. D.
Address 1663 W North Ave. Date signed 4/17/41

79792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 ✓ F 79792 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 W. North Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 W. North Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ada Rhoads Moulton

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank A. Moulton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1873

8. AGE: Years	Months	Days	If less than one day
67	3	26	hr. min.

9. Birthplace Westminster, Maryland
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business University Hospital

FATHER
12. Name George W. Snyder
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Corinda Stansbury
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Dorothy Schaefer
(b) Address 407 Beechwood Ave. Trenton, N.J.

17 (a) Burial (b) Date thereof 4/21/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Krider's Cem.
Location Westminster, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (Date received) APR 18 1941 (Registrar's signature) Justin Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-41 19 at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-41 19 to 4-17-41 19 and that I last saw h[illegible] alive on 4-17-41 19

Immediate cause of death	Duration
Cerebral Embolism	10 min.
Due to Arteriosclerosis	years
Cardio-vascular disease	years
Due to	years

Other Conditions Cholecystitis - post oper.
(Include pregnancy within 3 months of death)
Date of operation 4-5-41
Major findings of operation Cholecystitis & Cholelithiasis
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. D. Williams M. D.
Address Univ. Hosp. Date signed 4-21-41

79793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 ✓ Registered No. F 79793

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Northwick Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Clarence Reese Spangler

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-09-4230

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mattie M. Spangler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1889

8. AGE: Years 52 | Months 2 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace York, Pa (City, county, and state)

10. Usual Occupation Office Mgr

11. Industry or business Snyder Paper Co

FATHER — 12. Name Geo. W. Spangler

FATHER — 13. Birthplace York Pa

MOTHER — 14. Maiden Name Lucy Reese

MOTHER — 15. Birthplace York Pa

16 (a) Informant Mrs Mattie M Spangler

16 (b) Address 1512 Northwick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)

17 (c) Cemetery or crematory Parkwood

Location Parkville Md

18 (a) Funeral director Wm Fickus Sons

18 (b) Address North & Paca

19 (a) APR 18 1941 (Date received by registrar) (b) Huntington Hill, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941, to April 18 1941, and that I last saw him alive on April 18 1941.

Immediate cause of death: Cardiac Failure — Duration: 5 hrs

Due to: Hypertensive Cardiovascular – Renal Disease — ?

Due to: .....

Other Conditions: Terminal Uremia – Paralytic Ileus — 6 days / 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature John A Wagner, M. D.

Address Mercy Hospital Date signed 4/18/41

79794 29421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a ✓ F 79794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Whitehall (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Delsie Rose Underhill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Nessie Cephas Underhill
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 20, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	—	29	28	

9. Birthplace Persia, Tennessee (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own Home

FATHER
12. Name Tony Smith
13. Birthplace Tennessee

MOTHER
14. Maiden Name Lucinda Brown
15. Birthplace Tennessee

16 (a) Informant Nessie Cephas Underhill
(b) Address Whitehall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location White Hall Md.

18 (a) Funeral director P. Markland Wood
(b) Address White Hall Md.

19 (a) APR 18 1941 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941, to April 18 1941, and that I last saw her alive on April 18 1941.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	5 hrs
Due to ? Hypertension	?
Due to	
Other Conditions Polycystic Kidneys, ~~rt~~ Contracted Granular Kidney, (Include pregnancy within 3 months of death)	?

Major findings:
Of operations Full Term Dead Male Child
Of autopsy See "Cause of Death"

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Jones
Address University Hosp. Date signed 4-18-41 M. D.

VS 3

79795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 79795

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Warner St
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Ronald Savage Drummond Partl. F 26683

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-41

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation ~~Student~~ —
11. Industry or business

FATHER
12. Name Ronald Drummond
13. Birthplace Md

MOTHER
14. Maiden Name Emma Savage
15. Birthplace Berlin, Md

16 (a) Informant William Savage
(b) Address 824 Warner St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 19 41 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cemetery
Location Baltimore

18 (a) Funeral director Walter R. Spriggs
(b) Address 1394 W Hamburg St

19 (a) Date rec'd by registrar APR 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 15 1941, at 6304 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1941 to Apr 15 1941, and that I last saw h— alive on Apr 14 1941.

Immediate cause of death — **Duration**

Premature labor — —
Due to Delivery — 6 hrs
Due to Fall, down stairs — —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature L J Hamill M. D.
Address 661 W Baltimore Date signed 4/17/41

VS-8 1941

79796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a V E 79796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 N. Bentalou St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Levey (Levy)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Susie J. Levey
6 (c) If alive, give age ~~1866~~

7. Birth date of deceased (mo., day, yr.) September 3, ~~1866~~

8. AGE: Years	Months	Days	If less than one day old: hr.	min.
74 ~~75~~	7	13		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired - U.S. Navy Yard Employee
11. Industry or business

FATHER
12. Name Andrew Levey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susie Sloffer
15. Birthplace Maryland

16 (a) Informant Mrs. Clara McFarlane
(b) Address 1223 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) APR 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1941 19 . at 8.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4/ 1941 to Apl 16/ 1941 and that I last saw him alive on Apl 14/ 1941.

Immediate cause of death, sudden. Most likely Cerebral Hemorrhage — Duration: sudden

Due to General Arteriosclerosis — Duration: several yrs

Due to — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Keown M D

Address 1938 Linden Ave. Date signed 4/17/41

M. D.

Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 79797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 W Lombard
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary V. Flack (Flaig)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph M. Flack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1856

8. AGE: Years	Months	Days	If less than one day
84	7	23	hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Shelley
13. Birthplace United States

MOTHER
14. Maiden Name Bridget ?
15. Birthplace United States

16 (a) Informant Mrs. Anna Stone
(b) Address 1007 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) APR 19 1941 (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 7:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to	
Due to	
Other Conditions Sarcoma Left leg (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G. Kelbach M.D. Medical Examiner
Date signed 4/17/41

79798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 79798 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Julius Martin Hohlbein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex ~~Female~~ M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gertie Hohlbein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 26, 1867

8. AGE: Years	Months	Days	If less than one day
74	2	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Supt. Helping-Up Mission

11. Industry or business

FATHER
12. Name Martin Hohlbein
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Mamie B. Gordon
(b) Address 611 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address [illegible] Baltimore St.

19 (a) APR 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 2.25A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941, to April 16 1941, and that I last saw h ~~alive~~ alive on April 16 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arterio-sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St. Date signed

79799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ E 79799

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 N. Carlton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 N. Carlton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 30, 1911

8. AGE: Years	Months	Days	If less than one day
29	9 10	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business Salad King

FATHER
12. Name John Washington
13. Birthplace Prince Anne County, Md.

MOTHER
14. Maiden Name Sally Blake
15. Birthplace Dansville, Virginia

16 (a) Informant Esther Washington
(b) Address 212 South Greene Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1941 (month), (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore Co Maryland

18 (a) Funeral director Joseph G Lively
(b) Address 1422 Mount Street

19 APR 18 1941 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1941, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to Bilateral	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 4-17-41

VS 6

Spec.—9-30—A. & Co.—250 Bks.

79800 ✓ F 79800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Edmondson Ave ST.) (9-1 WARD)

2-FULL NAME Theresa Brown

(a) RESIDENCE NO. 1623 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 11 mos 7 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 5-24-'24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	7	23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Rufus Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mallie Smither

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rufus Brown
(Address) 1623 Edmondson ave

15 APR 18 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-'41

17

I HEREBY CERTIFY, That I attended deceased from 4-1-, 1941, to 4-16, 1941

that I last saw her alive on 4-16-, 1941

and that death occurred, on the date stated above, at 6. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchial Asthma with Acute Cardiac Dilatation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (3) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery April 20 1941 | DATE OF BURIAL

20 UNDERTAKER: Joseph A Lively | ADDRESS: 1099 Monroe St

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

79801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 79801

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Haywood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Haywood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Gertrude Reip

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Oscar R. Reip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1883

8. AGE: Years	Months	Days	If less than one day
57	9	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. P. Rentzel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Cockerman
15. Birthplace Balto. Md.

16 (a) Informant Oscar R. Reip
(b) Address 3604 Haywood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director Loring Byers
(b) Address 5205 Belt Pkwy Balto Co.

19 (a) (b) Registrar

APR 18 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1941. at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940 to 4/16 1941.
and that I last saw her alive on 4/15 1941.

Immediate cause of death	Duration
Acute Disease	4 mos
Due to Myocardial asthenia	7 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~
Of autopsy ~ NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury

23. Signature A. C. Dearth M. D.
Address 3709 Garrison Blvd Date signed 4/17/41

79802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79802 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 - 6th st - Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 - 6th st. - Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

23-4

3 (a) FULL NAME Bernice E. Metz

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Otho F. Metz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 25th 1900

8. AGE: Years	Months	Days	If less than one day
41	2	21	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Patrick H. Hay
13. Birthplace Va.

MOTHER
14. Maiden Name Susan Walton
15. Birthplace Va

16 (a) Informant Otho Metz
(b) Address 3705 - 6th st - Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location " Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

APR 19 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 1941, 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21/41 19 to 4/16/ 19 41 and that I last saw her alive on 4/16/ 19 41.

Immediate cause of death	Duration
Cardio vascular renal disease	?
Due to	
Due to	
Other Conditions General Anasarca	6 wks

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deiles M.D.
Address 1226 Hanover St. Date signed 4/17/41.

79803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 29803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4413 Kavon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4413 Kavon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J. Sisler

3 (b) If veteran, name war No | 3 (c) Social Security Account No. #145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Sisler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4th 1853

8. AGE: Years	Months	Days	If less than one day
87	6	14	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Herb Doctor

FATHER
12. Name Joseph Sisler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Charles A. Sisler
(b) Address 4413 Kavon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

19 APR 19 1941 (Date received by registrar) (b) Huntington, Md. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1941, at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1941 to 4/18 1941. and that I last saw h[illegible] alive on 4/16 1941.

Immediate cause of death: Chronic Myocarditis — Duration unknown

Due to

(1) Central Thrombosis
Other Conditions (2) Senility — 1 year + unknown
(3) Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Graden
Address 6304 Belair Rd Date signed 4/18/41

79804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. E 79804

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5810 Halwyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5810 Halwyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Horatio Buckenham

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Buckenham
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 6, 1854
8. AGE: Years 86 | Months 6 | Days 12 | If less than one day hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown Buckingham
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Marie Thomas
(b) Address 5807 Halwyn Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore, Md
18 (a) Funeral director William Cook
(b) Address 1219 E Fayette St
19 APR 19 1941 (Date received by registrar) (b) Huntington Williams (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 64 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1940 to 4/18/ 1941 and that I last saw h. in live on 4/17/41

Immediate cause of death: General and cerebral arteriosclerosis, aortic regurgitation of heart — Duration: ?

Due to:

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deitel

Address 1226 Hanover St Date signed 4/18/41

79805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 79805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 N. Washington St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Washington St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Liefiedd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	23	22 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Bernard Liefield
13. Birthplace Germany

MOTHER
14. Maiden Name Westrich
15. Birthplace Germany

16 (a) Informant Wilhelmina Saunders
(b) Address 827 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601 03 E. Madison St.

19 (a) APR 19 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1941, to April 15 1941, and that I last saw her alive on April 15 1941.

Immediate cause of death: Cerebral Hemorrhage
Cardio-Vascular
Due to hypertensive disease

Duration Several ?

Due to

Other Conditions Progressive Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Klyver M. D.
Address 523 S. Monroe St Date signed 4/18/41

Please write plainly in ink. Any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 E. Madison Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 E Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Ulrich

3 (b) If veteran, name war: world War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	11	11		

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Cafe Business
11. Industry or business

FATHER
12. Name James Ulrich
13. Birthplace Austria

MOTHER
14. Maiden Name Sedlak
15. Birthplace (Austria)

16 (a) Informant Hermina Hacker
(b) Address 2224 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1941 (Month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Pa.

18 (a) Funeral director Charles E. Schumacher
(b) Address 2203 E. Madison, St.

19 (a) APR 19 1941 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941 at 5 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1941, to 4/18 1941, and that I last saw him alive on 4/17 1941.

Immediate cause of death
Due to Coronar Thrombosis Oesophageal Varicos Cardiac Dilatation with Congestive failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 3 wks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas E Martin M. D.
Address for N Segal Date signed

VS 2

Please write plainly with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 ✓ F 79807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Govans.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Belleview Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATE ELDREDGE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Eldredge
13. Birthplace —

MOTHER
14. Maiden Name Emaline (?)
15. Birthplace —

16 (a) Informant Mrs Jane W. Black III
(b) Address 114 Bellevue Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East End, North Ave.

18 (a) Funeral director Walter Brooks of Bradley
(b) Address 1827 Pennsylvania Ave, Baltimore, Md.

19 (a) APR 19 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/41 19__, to 4/17 1941, and that I last saw h[illegible] alive on 4/17 1941.

Immediate cause of death Cardiac Renal Vascular disease — Duration 20 Yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Thaxton M. D.

Address 43[illegible] Gladstone Date signed 4/18/41

V8 3

REGARD WHITE PAPER, WITH ONE ADDING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79879

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 E Clements St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E Clements St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife George W.
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1872

8. AGE: Years	Months	Days	If less than one day
68	6	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Hittle
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Kunigunda Barlien
15. Birthplace Baltimore, Md.

16 (a) Informant Geo. W. Thomas
(b) Address 500 East Clement Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Margaret A. Flynn
(b) Address 6422 Loch Raven Blvd, Baltimore, Md.

19 APR 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 10 35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Hypertension
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 4-18-41

VS 6

F 79809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 ✓ Registered No. F 79809

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 Orleans St
(c) Hospital or institution: 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Sadislon) John L. Vanda, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wh	Widowed

6 (b) Name of husband or wife Faulkner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1877

8. AGE: Years	Months	Days	If less than one day
63	8 9	23 2	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Sebastian Vanda
13. Birthplace Bohemia

MOTHER
14. Maiden Name Hintzman
15. Birthplace Bohemia

16 (a) Informant John L. Vanda Jr
(b) Address 1038 H Keeler Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

19 (a) (b) Huntington Williams
(Local registrar) Registrar

APR 19 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 6 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Randolph M.D. Medical Examiner.

Date signed 4/19/41

F 79810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-M F 79810 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital ~~or institution~~: Constable Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Wyeth st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Kraft

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-10 1868

8. AGE: Years	Months	Days	If less than one day
72	5	6 ~~5~~	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Glass Blower
11. Industry or business

FATHER
12. Name Peter Kraft
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Goldsmith
15. Birthplace Germany

16 (a) Informant Sophia Marina
(b) Address 623 Wyeth st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director Cambrone Son
(b) Address 1417 Forest Lib Lafayette Sq, Huntington Hotel Castle, Md.

19 (a) APR 19 1941 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to April 16 1941, and that I last saw h[illegible] alive on April 16 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. M. Futterman
Address 2324 Reisterstown Rd Date signed 4/18/41 D.

VS 3

79811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 79811

CERTIFICATE OF DEATH

98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W. Lexington St. 19-7 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Green

(a) Residence: No. 1620 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va.

FATHER

13. NAME General Green

14. BIRTHPLACE (city or town) (State or country) Essex Co Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Essex Co Va.

17. INFORMANT Lillian Heyson
(Address) 1002 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 4-19 1941

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 1631 Druid Hill Ave

20. APR 19 1941 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mch 6, 1941 to Apr 17, 1941

I last saw her alive on Apr 16, 1941 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Exfoliating dermatitis of both Ex

Other conditions contributing to death but not related to principal cause of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Preston Ellis, M. D.
(Address) 924 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 79812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79812

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1535 N. Caroline Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES EDWIN McCAWLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1881

8. AGE: Years	Months	Days	If less than one day
60	2	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Retired

FATHER
12. Name Joseph McCawley
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Ann Vinson
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Wm. H. McCawley
(b) Address 1535 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1941, at 2:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to April 16 1941, and that I last saw him alive on April 16, 1941.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Chronic alcoholic intoxications.	
Due to	
Other Conditions Tuberculosis Pulmonary Chronic Silphritis & Secondary Anemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 3001 Shannon Drive Date signed 4-18-41

79813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A F 79813 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Sts.
(c) Hospital or institution: West Balto. Genl. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Union Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. James W. Dix (Sallie P Dix)
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James H Dix
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 12-1875

8. AGE: Years	Months	Days	If less than one day
65	6	3	hr. min.

9. Birthplace Princess Anne Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name George Pounds
13. Birthplace Princess Anne Md

MOTHER
14. Maiden Name unknown
15. Birthplace Princess Anne Md

16 (a) Informant James H. Dix
(b) Address 1020 Union Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 /41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Presbyterian
Location Princess Anne Md
18 (a) Funeral director Franklin H Leath
(b) Address [illegible]
19 APR 19 1941 (Date filed by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-41 19 , at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941, to 4-17 1941, and that I last saw her alive on 4-17 1941.

Immediate cause of death Cerebral hemorrhage — Duration 2 days
Due to Hypertension
Due to
Other Conditions Generalized atherosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal
Address W. B. G. H. Date signed 4/19/41

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 S. Port street
(c) Hospital or institution:
624 S. Port Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 S. Port Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Rochawski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Aniela Rochawski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs. Aniela Rochawski
(b) Address 624 S. Port Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester St.

APR 19 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to April 18 1941, and that I last saw him alive on April 18 1941.

Immediate cause of death
M. Myocardial [illegible] — Duration Yrs. 1941

Due to

Due to Senile Debility — 1998

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Bauer M.D.
Address 801 N. Fremont Ave. Date signed April 18 1941

VS 8

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

296068
79815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

F 79815
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. #613 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph F. Wojciechowski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-89

8. AGE: Years	Months	Days	If less than one day
52	1	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Stone Cutter
11. Industry or business

FATHER
12. Name Albert Wojciechowski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes
15. Birthplace Poland.

16 (a) Informant Mrs. Dora Wojciechowski
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 404 S. Chester St

APR 19 1941 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 17 1941, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 14 1941, to APR 17 1941, and that I last saw him alive on APR 17 1941.

Immediate cause of death — Duration

Carcinoma of the Stomach — 3

Due to: With metastatic lesions to the skin

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Singewald
Address Johns Hopkins Hospital Date signed 4/18/41

VS 3

F 79816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-9 ✓ F 79816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 863 Vine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 863 Vine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucinda Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
-	None	F	C	Married

6 (b) Name of husband or wife Clarence
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 7/4/1895

8. AGE: Years	Months	Days	If less than one day
45	9	11	hr. min.

9. Birthplace West River Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Matthews
13. Birthplace West River, Md.

MOTHER
14. Maiden Name Lucinda Trigg
15. Birthplace West River, Md.

16 (a) Informant Clarence Washington (H).
(b) Address 863 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles H. Gorter
(b) Address 514 N. Carrington St. Williamsport, Md.

19 (a) APR 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941 to April 15 1941, and that I last saw h[illegible] alive on April 15 1941.

Immediate cause of death	Duration
Valvular Disease	
Due to Heart	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Wagner
Address 627 Belvidere Ave 4/19/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 79817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79817 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Penna Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thurston Cramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Haines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Mercer Market Md. (Town, county and state)

10. Usual Occupation Real Estate

11. Industry or business Agent

FATHER 12. Name Cyprian Cramer

13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden Name Mary Moore

15. Birthplace Frederick Co. Md.

16 (a) Informant Mrs W. Sc Hahs

(b) Address New Windsor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-41 (month) (day) (year)

(c) Cemetery or crematory Quaker Cem.

Location Union Bridge Md.

18 (a) Funeral director D. D. Hatter & Son

(b) Address New Windsor & Union Bridge, Md.

APR 19 1941 (Date rec'd by registrar) (b) Hunting [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19-41 19 , at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19-41 19 , to 4-19-41 19 , and that I last saw h I M alive on 4-19-41 19 .

Immediate cause of death: Cerebral Embolism — Duration: 1 hr.

Due to

Due to

Other Conditions: Appendiceal Abcess — 2 days

(Include pregnancy within 3 months of death)

Date of operation 4-15-41

Major findings of operation: appendiceal abcess

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Williams M. D.

Address Union Hosp. Date signed 4-19-41

F 79818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 79818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 S. Bond Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 So. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Helinski

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Helinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 9th, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Transfer Business
11. Industry or business Himself

FATHER
12. Name Thomas Helinski
13. Birthplace Poland

MOTHER
14. Maiden Name Sophia Sobus
15. Birthplace Poland

16 (a) Informant Mrs. Mary Helinski (Wife)
(b) Address 831 South Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Co.

18 (a) Funeral director Geasé A. Weber
(b) Address 705 South Arm Street

19 (a) APR 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1941, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-41 19..., to 4-18-41 19... and that I last saw h im alive on 4-18-41 19...

Immediate cause of death	Duration
Pulmonary Tuberculosis	Dec. 1-19
Due to Chronic Nephritis	April 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rysanek M. D.
William J. Rysanek, Sr.
Address 801 N. Kenwood Ave. Date signed 4-19-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

29819

BALTIMORE CITY HEALTH DEPARTMENT

65213 CERTIFICATE OF DEATH 13-B F 29819

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Lena Barnett (65213)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1899

8. AGE: Years	Months	Days	If less than one day
41	11	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John Cuff
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Carben
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 19 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Peabody
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 222 N Schroeder St

19 (d) APR 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1941, at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1941, to Apr. 17, 1941, and that I last saw h er alive on Apr. 17, 1941.

Immediate cause of death Miliary tuberculosis of Larynx — Duration 3 yrs.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto. City Hospitals Date signed 4-17-41

VS 2

79820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Eutaw Pl. & Wilson St.
(b) Street address Marlborough Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabel H. Roanstock

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Aaron Roanstock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1862

8. AGE: Years 79 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Cumberland, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sam'l Heidelberger,

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown,

15. Birthplace Germany.

16 (a) Informant Mr. S. Roanstock

(b) Address Frederick, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)

(c) ~~Cemetery or~~ crematory London Park

Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son

(b) Address 1902 Eutaw Place

19 (a) APR 19 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1933 to April 19 1941, and that I last saw h[illegible] alive on April 19 1941.

Immediate cause of death: Acute Coronary Thrombosis — Cerebral accident — Duration

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Bernard J. Cohen M. D.

Address Marlborough Ave. Date signed

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—8-16-29—L. F. —100 Bks.

F 79821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79821

CERTIFICATE OF DEATH

93-D

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3602 Ferndale Ave. ST. 28 WARD)

2—FULL NAME Freeland C Jenney

(a) RESIDENCE NO. 3602 Ferndale Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret C Jenney

6 DATE OF BIRTH (month, day, and year): Oct 21 1872

7 AGE — Years: 68 | Months: 6 | Days: 29 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Calvin Jenney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Emily Frost

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant: Mrs F C Jenney

(Address) 3602 Ferndale Ave

15 APR 20 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19, 41

17 I HEREBY CERTIFY, That I attended deceased from June, 19 40, to April 19, 19 41, that I last saw h[illegible] alive on April 18, 19 41 and that death occurred, on the date stated above, at 4.55 A m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary Edema

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. Wolinsky, M. D.

, 19 (Address) 4710 Liberty Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Pleasant Cem Bangor Maine

DATE OF BURIAL: 4/19/41

20 UNDERTAKER: Geo A Tilley

ADDRESS: Fulton & Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

395605

395605
F 79822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157-E

F 79822
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolyn Skillman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-40

8. AGE: Years	Months	Days	If less than one day
	4	1	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Herman L Skillman
13. Birthplace Maryland

MOTHER
14. Maiden Name Sylvia ?
15. Birthplace Baltimore, Md.
Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof April 22 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Calvary
Location Harford Co. Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) April 20 1941 (b)
(Date received by registrar) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1941 to Apr. 19 1941 and that I last saw her alive on Apr. 19 1941.

Immediate cause of death: Congenital heart disease — Duration: life

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilson Lyon Gault M. D.
Address Johns Hopkins Hosp. Date signed 4/19/41

396097

F 79823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-9

Registered No. F 79823

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N C (b) County
(c) City or town Brevard (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eloise Lewis

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-24-08

8. AGE: Years	Months	Days	If less than one day
32	7	25	hr. min.

9. Birthplace S. C. (Town, county and state)
10. Usual Occupation School teacher
11. Industry or business N. C. School Board

FATHER
12. Name Fielding Lewis
13. Birthplace S. C.

MOTHER
14. Maiden Name Mattie English
15. Birthplace N C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore M C

18 (a) Funeral director J M Cook
(b) Address 1217 E Pratt St

19 APR 20 1941 (Date received by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941 at 5-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1941 to Apr 19 1941 and that I last saw alive on Apr 19 1941

Immediate cause of death: Brain tumor - glioma not malignant — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Inoperable brain tumor - left frontal
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland
Address Johns Hopkins Hosp. Date signed 4-19-41 M. D.

VS 3

F 79824

F 79824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 79824 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 E Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Naill

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1859

8. AGE: Years 82 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William A. Carr (d)
13. Birthplace

MOTHER 14. Maiden Name Mary V. Lancaster (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul St

19 (a) APR 20 1941 (Date received by registrar) (b) Filed by Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941 at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, neck of L. Femur — Tubercular pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/20/41
(c) Where did injury occur? 2232 E Chase St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall to floor

23. Signature H. Wandless Williams M.D. Medical Examiner.
Date signed 4/18/41

F 79825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 79825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Ashton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Ashton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara A. Owens

3 (b) If veteran, name war No
3 (c) Social Security Account No. 11 1 R

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ John E. Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11th 1865

8. AGE: Years	Months	Days	If less than one day
75	7	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Frank W. Shultz
13. Birthplace Balto Md.

MOTHER
14. Maiden Name A. M. Houck
15. Birthplace Balto Md

16 (a) Informant William E. Owens
(b) Address 2525 Ashton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) Date received by registrar APR 20 1941 (b) Registered number

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1941, at 5th P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to April 18 1941, and that I last saw ~~her~~ alive on April 18 1941.

Immediate cause of death Arteriosclerosis C. V. Disease — Duration 2 yrs

Due to

Due to

Other Conditions Chronic Nephritis — 2 yrs

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature C. J. Sobieniski M. D.
Address 639 N. Robinson St Date signed 4/19/41

Spec.—1-10-21 M&T 1500 Blks.

F 79826

79826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 17-B

1-PLACE OF DEATH James Lawrence Kernan Hospital & Industrial School of Maryland for Crippled Children REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Elizabeth ST., 20 WARD)

2 FULL NAME Leona Holmes

(a) RESIDENCE NO. 230 S. Fruithurst Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not married

6 DATE OF BIRTH (month, day, and year) October 10, 1936

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Holmes.

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Newman

13 BIRTHPLACE OF MOTHER (city or town) Washington DC
(State or country)

14 Informant Records
(Address) Kernan Hospital

15 Filed APR 30 1941 19 Huntingtown Williams MD Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1941

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1940, to April 15, 1941 that I last saw her alive on Aug 18, 1940 and that death occurred, on the date stated above, at 3:25 P m.

The CAUSE OF DEATH* was as follows:

Postoperative shock

4 hours. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of left hip

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? yes Date of April 8, 19

Was there an autopsy? no

What test confirmed diagnosis? pathological examination

(Signed) A Martin Rhode, M. D.

, 19 (Address) Kernan Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meadowridge Cem DATE OF BURIAL 4/21 1941

20 UNDERTAKER William Cook ADDRESS 1217 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 79827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2744 Fennwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Fennwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry E Knickman

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1864

8. AGE: Years 76 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter Retired

11. Industry or business

FATHER
12. Name Henry Knickman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Tolf
15. Birthplace Germany

16 (a) Informant Miss Bertha Knickman
(b) Address 2744 Fennwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Cox
(b) Address 1317 E Pratt St

19 (a) (Date rec'd by registrar) (b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941 at 4 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1941 to April 18 1941 and that I last saw him alive on April 18 1941

Immediate cause of death: Coronary Thrombosis — Duration: 1 hour

Due to: cardio vascular disease. myocardial — Duration: 2 yrs.

Due to: Influenza

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Coomes MD

Address 8064 Fultondale Date signed 4/21/41

F 79828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79828 Registered No.

The items on this certificate should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Harrisburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elizabeth Sullivan

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 104F

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 1886

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown Sullivan
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/41 (month) (day) (year)
(c) Cemetery or crematory Harrisburg
Location Pa.

18 (a) Funeral director William Cook
(b) Address 1209 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 22 1941

No 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1941, to April 19 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad S. Gunter M. D.
Address 21 S. Front St. Date signed 4/22/41

F 79829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79829 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Rakkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-41 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St.

APR 20 1941 (Date rec'd by registrar) (b) Hunting by Millard

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/41 19 , at 5:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 19 41, to 4/18 19 41, and that I last saw h alive on 4/18/41.

	Duration
Immediate cause of death: Cardiac failure	2 days
Due to: Chronic Lymphatic Leukemia	5 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Hein M. D.
Address Sinai Hospital Date signed 4/18/41

F 79830 ✓ F 79830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 BOARMAN AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 MO.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 SPRINGDALE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME NATHAN LABOVITZ

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: HINDA
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) MARCH 15-1869
8. AGE: Years 72 | Months 1 | Days 2 | If less than one day hr. min.
9. Birthplace: RUSSIA (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business

FATHER
12. Name: NOT KNOWN
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: NOT KNOWN
15. Birthplace: RUSSIA

16 (a) Informant: NORMAN LABOVITZ
(b) Address: 3308 SPRINGDALE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-20-41 (month) (day) (year)
(c) Cemetery or crematory: BNAI ISRAEL
Location: SOUTHERN AVE

18 (a) Funeral director: Jack Lewis Inc.
(b) Address: 1439 E. Balto St

19 (a) [illegible] (b) Huntington Md (Registrar)

APR 20 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-41 19 . at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941, to 4-17 1941, and that I last saw h[illegible] alive on 4-17 1941.

Immediate cause of death: Cerebral Hemmorhage — Duration: 1 day
Due to: Arteriosclerosis C.V.D. — Duration: years
Due to: — Duration:
Other Conditions: — Duration:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: G. Highstein M. D.
Address: 2726 Penna. Ave. Date signed 4-17-41

✓ F 79831

79831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Toone St. St. 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ellen Ella Flaherty.

If U. S. Veteran specify WAR

(a) Residence: No. 3407 Toone St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George T. Flaherty.

6. DATE OF BIRTH (month, day, year): June 24th. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9 10	18 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): altimore, Md.

FATHER

13. NAME: Roger OConnor.

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ann Flynn.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Sadie Flaherty .

(Address): 3407 Toone St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: April 22, 1941

19. UNDERTAKER: Geo. M. Fink & Son.

(Address): 811. N. Wolfe St.

20. FILED: Harriet E. Williams Registrar.

APR 28 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18th. 41

22. I HEREBY CERTIFY. That I attended deceased from Mar. 16. 1941, 19..., to Apr. 17. 1941, 19...

I last saw h.er alive on April. 17th. 19 41 Death is said to have occurred on the date stated above, at 7.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	2.
Other contributory causes of importance: Arteriosclerosis	2.

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Drury Lane

F 79832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-T

F 79832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Lemmon Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Lemmon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Matthews
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 18, 1887
8. AGE: Years 53 Months 7 Days 29 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name John Matthews
13. Birthplace Maryland
MOTHER 14. Maiden Name Eliza Boston
15. Birthplace Maryland
16 (a) Informant Wife
(b) Address 709 Mulberry St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a & C Co Md
18 (a) Funeral director Isaiah L. Bromwell
(b) Address 1616 W Montgomery Street
APR 20 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to April 17 1941, and that I last saw him alive on April 16 1941.

Immediate cause of death	Duration
Endocarditis	
Due to Arteriosclerosis Cardiac & Mitral Insufficiency	
Due to Lobar Pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hiram L. Bucciarelli M. D.
Address 1202 Dual St Hill Dr Date signed 4-19-41

VS 8

F 79833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1114-D

F 79833 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Russell st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Russell st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME HELEN McHONEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. School Girl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years 15 | Months | Days | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Edward McHoney
13. Birthplace South Carolina

MOTHER 14. Maiden Name Rose Pickson
15. Birthplace South Carolina

16 (a) Informant Rose Mc. Honey
(b) Address 1110 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A.Co. Md

18 (a) Funeral director Sarah L Brown Jones
(b) Address 1015 W Montgomery St

19 (a) Date received by registrar APR 20 1941 (b) Registered by

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 11 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Abscess of lung — Duration: 3 months

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallander M.D. Medical Examiner.
Date signed 4-18-41

F 79834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e Registered No. F 79834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) about 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 S. Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES McCOY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Hospt Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah A Brampton
(b) Address 1048 W Montgomery St

19 (a) APR 22 1941 (Registrar) (b) Interring to Filed (Date) (Registration District No.)

APPROVED

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock traumatic	
Due to: Rupture of diaphragm	
Due to:	
Other Conditions: Fracture of pelvis (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 13, 1941
(c) Where did injury occur? Inglesside + Edmondson Ave. Balt. City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury Collision of two auto cars

23. Signature H L Wallenmeier M.D.
Coroner Medical Examiner.
Date signed 4-15-41

F 79835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PETER A. MAZINTAS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1895

8. AGE: Years	Months	Days	If less than one day
41 40	11	29	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor (Sewo
11. Industry or business Clothing

FATHER
12. Name Peter Mazintas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Ruinsed ?
15. Birthplace Lithuania

16 (a) Informant Sister Margaret Matthews
(b) Address 5 S. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kasmakas Inc.
(b) Address 602 Washington Blvd

19 (a) APR 20 1941 (Date received by registrar) (b) Huntington Williamsport Pa

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	12 yrs
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ho
Of autopsy ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Williamson M.D. Medical Examiner.
Date signed 4-18-41

F 79836 Koch F 79836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-A

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 S. Paca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Koch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Paul Koch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1859

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore Md

16 (a) Informant: Marie Turner
(b) Address: 528 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/41 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location:

18 (a) Funeral director: Joseph Yaguiata & Son
(b) Address: 624 Washington Blvd

19 (a) (Date received by registrar) (b) Registrar

APR 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 18, 1941, at 5:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1941 to Apr 18 1941 and that I last saw her alive on 19

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to Cerebral Hemorrhage	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Jarvis Gates M. D.
Address 517 Scott St. Date signed 4/18/41

F 79837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 79837

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 E. Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d.
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Bryant ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Fannie Floam

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Solomon Freidachoff

13. Birthplace Russia

MOTHER 14. Maiden Name Sima Bograd

15. Birthplace Russia

16 (a) Informant Manuel Floam

(b) Address 2201 Bryant ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20/41 (month) (day) (year)

(c) Cemetery or crematory Fabrens Mt Carmel

Location Mt Carmel Road

18 (a) Funeral director Sol Levinson & Bros.

(b) Address 1124-26 W. North ave

19 (a) APR 20 1941 (Date rec'd by registrar) Harry Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1941, at 1:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1941, to 4/17 1941, and that I last saw h[illegible] alive on 4/17 1941.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: Coronary thrombosis	9 days
Due to: coronary sclerosis, arteriosclerosis	3 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Stein M. D.

Address Sinai Hospital Date signed 4/17/41

VS 3

F 79838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 79838 Registered No.

PRINCE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Leadenhall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Edward Thomas Scanlon Jr Birth F 17759

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15. 1940

8. AGE: Years	Months	Days	If less than one day
	6	4	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Edward J. Scanlon
13. Birthplace Balto., Md

MOTHER 14. Maiden Name Mary C. Behagan
15. Birthplace Balto., Md

16 (a) Informant Edw. J. Scanlon
(b) Address 1139 Leadenhall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md

18 (a) Funeral director Margaret A. Flynn
(b) Address 1412 Light St. Baltimore, Md

APR 20 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1941, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1941, to 4-19 1941, and that I last saw h[illegible] alive on 4-19 1941.

Immediate cause of death Left Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Rysanek Jr
Address St Joseph's Hosp Date signed 6

F 79839 — F 79839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 Pelham ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Dorchester
(c) City or town Cambridge, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jannie (Jane) Mills

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph Mills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1857

8. AGE: Years	Months	Days	If less than one day
84	1	15	hr. min.

9. Birthplace Talbot Co. Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name John J. Price
13. Birthplace Talbot Co. Md.

MOTHER
14. Maiden Name Sarah Rowe
15. Birthplace Talbot Co. Md.

16 (a) Informant Mrs. Mattie Sands
(b) Address 2405 Pelham ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cem.
Location Cambridge, Md.

18 (a) Funeral director G. Lee Oden
(b) Address 764 York Road, Hunt Valley, Md.

APR 20 1941 (Date received by Registrar) — (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1941, to April 19 1941, and that I last saw h[illegible] alive on April 19 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Meade, M. D.
Address 617 W. 40th Date signed 4/20/41

F 79840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79840

CERTIFICATE OF DEATH

137-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Barney Reuben

(a) Residence: No. 3303 Oakfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 4-20-41

19. UNDERTAKER Jack Langrehr

(Address) 1439 E. Baltimore St.

APR 20 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-41. 19

22. I HEREBY CERTIFY, That I attended deceased from April 6 1941 to April 19 1941

I last saw him alive on April 17 1941 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cardiac Failure	
Hypertensive Vascular Disease	

Other contributory causes of importance:

Prostatic Hypertrophy (Benign)

Chronic Nephritis

Was an operation performed? Yes Date April 6 1941

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wallenstein M. D.

(Address) 1 Wright

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-AF 79841 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Archer St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Archer St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Octavia Warner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Warner
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Eastern Shore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Johnson
13. Birthplace Eastern Shore Md

MOTHER 14. Maiden Name Henrietta Hankins
15. Birthplace Md

16 (a) Informant Walter Warner
(b) Address 600 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 APR 20 1941 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 5:50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 1 1941, to April 17 1941, and that I last saw h[illegible] alive on April 15 1941.

Immediate cause of death: Coronary Thrombosis — Duration: not obt.
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Woodland M. D.
Address 814 Hanlon Bldg Date signed 4-19-41

VS 3

F 79842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 79842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isiah Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Rose Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Minister Laborer
11. Industry or business Gas + Electric Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Signature of Registrar) (b) Filing Date APR 21 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1941, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1941 to 4-17 1941, and that I last saw him alive on 4-17 1941.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	4 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. M. Snowden
Address President Hospital Date signed 4-17-41 M. D.

F 79843

F 79843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Madison St. & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): since Mar. 25
(e) Length of stay in Baltimore (yrs., mos., or days): 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: **********
(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2914 Brighton Street. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: **********

3 (a) FULL NAME: Mrs Verna M. Theller (Verna Levie Mohrlein Theller)

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.: 216-05-7308

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Dudley S. Theller
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): April-11-1891

8. AGE: Years	Months	Days	If less than one day
50	1 0	8	____ hr. ____ min.

9. Birthplace: Port Deposit, Maryland (Town, county, and state)
10. Usual Occupation: Clerical Work
11. Industry or business: Department Store

FATHER
12. Name: George F. Mohrlein
13. Birthplace: Port Deposit, Maryland.

MOTHER
14. Maiden Name: Hattie M. First
15. Birthplace: Virginia

16 (a) Informant: Mr. Dudley S. Theller (husband)
(b) Address: 2914 Brighton Street, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W.F.Wooden-Suc) 108 W. North Ave

19 APR 20 1941 (b) [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1941, at 2:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941 to April 19 1941, and that I last saw her alive on April 18 1941.

Immediate cause of death: Coronary Thrombosis.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: March 22, 1941

Major findings of operation: Ulcerated [illegible] gastric tumor (Malignant)

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Rose J Eugene M. D.
Address: [illegible] Date signed: April 19 1941

7

F 79844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-D

F 79844 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ********
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 St. Paul St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country ********

3 (a) FULL NAME Mrs. Julia Vernay (JULIA VERNAY)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James T. Vernay
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 8-22-1874

8. AGE: Years	Months	Days	If less than one day
66	7	2827	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Siemon
13. Birthplace Bfeman, Germany

MOTHER
14. Maiden Name Mary Muhl
15. Birthplace Breman, Germany

16 (a) Informant Mr. Walter H. Vernay (son)
(b) Address 3317 St. Paul St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Maryland.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W.F.Wooden, Suc.) 108 W. North Ave

APR 20 1941 (Date rec'd by registrar) Huntington Wit (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1941 at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941 to April 19 1941. and that I last saw h[illegible] alive on April 19 1941.

Immediate cause of death: Carcinoma of Rt. Lung — Duration: ?

Due to

Due to

Other Conditions Hypertrophic Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesting M.D.
Address Bon Secours Hosp. Date signed 4-19-41

79845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 79845

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4820 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ yrs

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3045 Ash St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lina Vogt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-1856

8. AGE: Years	Months	Days	If less than one day
84	4	10	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/41 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hampden

18 (a) Funeral director Ehrnabell & Sonneman

(b) Address 3615-17 Chestnut Ave.

19 (a) APR 20 1941 (Date received by Registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1941, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939 to 4-19 1941, and that I last saw her alive on 4-19 1941.

Immediate cause of death: Bronchopneumonia — Duration 3 days

Due to: Senile atherosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Ruthburn M. D.

Address Balto. City Hosp. Date signed 4-19-41

306098
F 79846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56-E

F 79846
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Kingsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Cloman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-89

8. AGE: Years	Months	Days	If less than one day
51	5	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Columbus League
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Magness
15. Birthplace Md.

16 (a) Informant Ricardo.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-1941 (month) (day) (year)
(c) Cemetery or crematory Fork Christian Cem.
Location Fork Md.

18 (a) Funeral director Clarence E. Gaither
(b) Address Fork Md.

19 (a) April 20 1941 (Date received by Registrar) (b) Huntington Mills (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 3 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1941 to Apr 19 1941, and that I last saw her alive on Apr 19 1941.

Immediate cause of death hyperthermia & shock — Duration

Due to intraperitoneal fluid-saline & glucose

Due to

Other Conditions post-operative vomiting

(Include pregnancy within 3 months of death)

Date of operation 4/17/41

Major findings of operation: peritoneum tumor drumstick abdomen

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury C. E. Ireland

23. Signature Howard [illegible] M.D.

Address Johns Hopkins Hosp. Date signed 4-19-41

Howard [illegible] M.D.

79847

MA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79847

Registered No. 42346

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 1 mo. 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1825

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1897

8. AGE: Years	Months	Days	If less than one day
43	3	20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Albert Johnson (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha (d)
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/41 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Cem
Location Cemetery Hill Rd Balto Co Md

18 (a) Funeral director John J. Feldmeier Sons
(b) Address 731 E Fayette St.

19 (a) (b)

APR 20 1941

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1941, at 9 55/1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1940 to 4-15 1941, and that I last saw h[illegible] alive on 4-14 1941.

Immediate cause of death	Duration
Cardiac failure	?
Due to Aortic insufficiency	?
Due to Lues.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Calhoun M. D.
Address Balto. City Hosp Date signed 4-19-41

F 79848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 79848

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5002 Frederick Avenue.
(c) Hospital or institution:
Gundry's Sanatarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Ruxton Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Washington Gaines

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife George D. Gaines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18-1861

8. AGE: Years 79 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Nelson County, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William J. Conner
13. Birthplace Virginia

MOTHER
14. Maiden Name ? Wilkins
15. Birthplace Virginia

16 (a) Informant Mr. L. W. Gaines
(b) Address Ruston Road-Ruxton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-1941 (month) (day) (year)
(c) Cemetery or crematory Hollywood
Location Richmond, Va.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (Date received by Registrar) APR 20 1941 (Registrar's signature) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 20th 1941, at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941 to April 20 1941, and that I last saw h alive on April 20 1941.

Immediate cause of death Myocardial Insufficiency — Duration Several Years
Due to Aortic valvular & Vascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myra V. Conway M. D.
Address 5202 Frederick Rd Date signed 4/21/1941

F 79849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79849

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Frances Cooke Grandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	W. married

6 (b) Name of husband or wife J. Louis Grandy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6 1862

8. AGE: Years	Months	Days	If less than one day
79	—	13	hr. min.

9. Birthplace Norfolk Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Merritt T Cooke
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Margaret Gearing
(b) Address Alexandria Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 20/41 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va.

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Eutaw Sts

19 (a) APR 20 1941 (b) Registered by Minnie Lee Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1941, to April 19 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death: Lobar pneumonia — Duration: 24 hrs.
Due to
Due to
Other Conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/19/41

79850

City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-D

F 79850

Reg. Dist. No.

1. PLACE OF DEATH:
County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 years
Hospital, institution, or street address where death occurred: 218 Mallow Hill Ave
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No. 218 Mallow Hill Ave (If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME Percy H. Hennemann

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6. (b) Name of husband or wife Minnie Hennemann
6. (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 12/1/1873

8. AGE: Years 67 | Months 4 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation Retired Steamfitter
11. Industry or business Hutzler Bros
FATHER 12. Name Henry Hennemann
13. Birthplace Baltimore md
MOTHER 14. Maiden name Clara Harbell
15. Birthplace Baltimore, md
16. Informant Mrs Minnie Hennemann
Address 218 Mallow Hill Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/24/41 (month) (day) (year)
Cemetery or crematory London Park
Location Baltimore Md
18. Funeral director Williams Cook
Address 1217 St Paul St.
19. 4/22/41 (registrar) Huntington Williams, MD registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 20, 1941, at 3:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fall, 1936 to April, 20 1941 and that I last saw him alive on April, 19, 1941

Immediate cause of death Cerebral Hemorrhage.... 5 months
Arterial Hypertension 5 yrs
Myocarditis ..... 5 "
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE A. Lloyd Johnson M. D. or other
Address Catonsville Md Date signed 4-20-41

F 79851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79851 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University of Md. Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Hull St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis A. Ceark (Clark)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	214-12-0002

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1922

8. AGE: Years	Months	Days	If less than one day
18	5	21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Ceark
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Carden
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Clark
(b) Address 1228 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md.

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light St.

(a) APR 21 1941 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 6 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1941, to April 20 1941, and that I last saw him alive on April 20 1941

Immediate cause of death	Duration
Lobar Pneumonia	1 d.
Acute Dilatation of Heart	2 hrs.
Due to Influenza	2 d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thos. F. O'Brien M. D.
Address 2878 Hereford Rd. Date signed 4-20-41

VS 3

F 79852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

F 79852 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Bradbury

3 (b) If veteran, name war →

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-87

8. AGE: Years 53 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm Richards
13. Birthplace England

MOTHER
14. Maiden Name Lydia Savage
15. Birthplace England

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location North Ave

18 (a) Funeral director L. J. Heemann & Son
(b) Address 32 E. Broadway Huntington, West Virginia

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1941, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1941, to Apr 19 1941, and that I last saw her alive on Apr 19 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 mos.

Due to Postoperative removal Rt. lung for lung tumour(?) — Duration: over

Due to

Other Conditions Pulmonary atelectasis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Gray Watson M. D.
Address Johns Hopkins Hosp. Date signed 4-19-41

VS 3

F 79853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79853

Registered No. 83-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Mount (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Paul Gatewood S.S.NO. 212-14-2235
3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife Caroline.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14-1880

8. AGE: Years 60 | Months 61 | Days 11 | If less than one day hr. 4 min.

9. Birthplace Richmond Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Gatewood
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Montague
15. Birthplace Va

16 (a) Informant Caroline Gatewood
(b) Address 28 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 22 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Anne Arundle Co, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) APR 21 1941 (b) (Date received by registrar) (Registrar)

APR 21 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941 to April 18 1941, and that I last saw him alive on April 18 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 9 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. C. Link M. D.
Address North Ave & Eutaw signed April 18 1941

F 79854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 79854
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 Eisler St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Leach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1919

8. AGE: Years	Months	Days	If less than one day
21 22	11	17	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name George Leach
13. Birthplace unknown

MOTHER
14. Maiden Name Elizebeth Simmons
15. Birthplace Va

16 (a) Informant Elizebeth Leach
(b) Address 526 Eisler St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Cemetery
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address [illegible] Baltimore, Md.

19 APR 21 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 1½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest and abdomen	
Due to left sacro-iliac dislocation and left ilio-psoas region.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/23/41
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Unknown (Specify type of place) While at work?
(e) Means of injury 32 cal lead

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/19/41.

VS 6

F 79855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 79855

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Loudon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 N. Loudon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

54

3 (a) FULL NAME SAMUEL THOMAS GRIFFITH

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Eleanor A. Griffith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1883

8. AGE: Years	Months	Days	If less than one day
58	0	12	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Division Supt. Weights &
11. Industry or business Measures, City of Balto.

FATHER
12. Name Owings P. Griffith
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Jane Owings
15. Birthplace Maryland

16 (a) Informant Mrs. Eleanor A. Griffith
(b) Address 2803 N. Loudon Avenue

17 (a) Burial (b) Date thereof 4/21/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Friendship
Location Friendship, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 21 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1941, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1937 to 4-18-1941, and that I last saw h~~im~~ alive on 4-18 1941.

Immediate cause of death
Coronary Thrombosis — Duration Hours
Due to Hypertension
Due to Artio Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Warren M. D.
Address 2404 Garrison Blvd Date signed 4-19-41

VS 8

F 7985S

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108 Registered No. F 29856

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5325 Fernpark Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Leslie Tall

3 (b) If veteran, name war US CG-Retired

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Christina Roner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1858

8. AGE: Years 83 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Madison, Dorchester Co., Md. (Town, county, and state)

10. Usual Occupation US CG -- Retired

11. Industry or business

FATHER
12. Name Columbus Tall
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Julia A. Craig
15. Birthplace Dorchester County, Md.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues.

19 (a) APR 21 1941 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1941, at 10:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1941 to April 18 1941, and that I last saw him alive on April 18, 1941.

Immediate cause of death	Duration
Lobar pneumonia, bilateral	1 week
Due to: [illegible]	Unknown
Due to:	
Other Conditions: Arteriosclerosis;	Unknown.
Inguinal hernia, bilateral (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Adams M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 4/19/41

396320 F 79857

Lawson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 79857 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2544 Maw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lawson Basta F 13764

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-40

8. AGE: Years | Months: 8 | Days: 20 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Floyd Lawson
13. Birthplace Ga.

MOTHER
14. Maiden Name Emma Wolfred
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A. A. Co

18 (a) Funeral director Gayner Sanders
(b) Address 1412 E Preston St

19 (a) (Date d'd to registrar) (b) Huntingtop Williamsport Md.
APR 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 20 1941, at 11 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 1941 to Apr 20 1941, and that I last saw [illegible] alive on Apr 20 1941.

Immediate cause of death: H. influenza meningitis — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ray P. Clark
Address J. H. H. Date signed 4-20-41 M. D.

F 79858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 79858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4405 Glenarm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Glenarm Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME L. Harry Krause

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth K. Krause

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept 6. 1895

8. AGE: Years	Months	Days	If less than one day
45	7	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business Balto City

FATHER 12. Name Geo Krause

13. Birthplace Baltimore

MOTHER 14. Maiden Name Christina Philippi

15. Birthplace Balto

16 (a) Informant Elizabeth Krause

(b) Address 4405 Glenarm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/41 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2900 Orleans

19 (a) APR 21 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1941, to April 19 1941, and that I last saw h alive on April 12 1941.

Immediate cause of death Coronary heart disease — Duration 2 days

Due to —

Due to —

Other Conditions Acute Pancreatitis — 8 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chas Weinstein M. D.

Address 4116 Northern Pkwy Date signed 4/19/41

F 79859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 79859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address CAROLINE & OLIVER STS.

(c) Hospital or institution: ST. JOSEPH'S HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 DAYS

(e) Length of stay in Baltimore (yrs., mos., or days) 3 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 407 N. COLLINGTON AVE.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JANET KRAUSE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 13 1938

8. AGE: Years	Months	Days	If less than one day
3	3	4	..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Wm M Krause

13. Birthplace Baltimore

MOTHER

14. Maiden Name Elizabeth Schneider

15. Birthplace Baltimore

16 (a) Informant Wm M Krause

(b) Address 407 N Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21 - 41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director John Ullrich

(b) Address 220 E Preston St

19 (a) APR 21 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1941, at 5.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1941, to 4-17 1941, and that I last saw him alive on 4-17 1941.

Immediate cause of death

Lobar Pneumonia — Duration: 2 weeks

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature William J. Tapanek Jr. M. D.

Address St. Joseph's Hospital Date signed 4-17-41

(N.B. LEARY)

F 79860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C F 79860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Cathedral Rooms
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Cathedral
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Godfrey Funk

3 (b) If veteran, name war: Yes

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine Funk

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 16 - 1889

8. AGE: Years 51 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business Self

FATHER
12. Name Emil Funk
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Markoff
15. Birthplace Baltimore Md.

16 (a) Informant Katherine Canivan
(b) Address 510 Cathedral Rooms

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22-41 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John A. McGann
(b) Address 3004 Eastern Ave

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19-1941, at about 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition, Dying (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition, Dying (Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of chest involving heart — Duration

Due to

Due to

Other Conditions Despondent

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-19-41
(c) Where did injury occur? 506 Cathedral Rooms (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot wound

23. Signature Howard J. Weidemeier M.D.
Medical Examiner.
Date signed

VS 6

F 79861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 170-BF 79861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Inglewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C Hagan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: WL | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Esther

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) DEC 26-1906

8. AGE: Years 34 | Months 3 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Engraver

11. Industry or business Self

FATHER
12. Name John Hagan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Florence Rogers
15. Birthplace Md

16 (a) Informant John Hagan
(b) Address 2709 Inglewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John R Mason
(b) Address 3006 W. Baltimore St. Baltimore, Md.

19 (a) APR 21 1941 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 9:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

	Duration
Immediate cause of death: Crushing injury of chest	
Due to: Multiple fractures	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/19/41
(c) Where did injury occur? Raford Rd + Rowe Towson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Automobile - collision with truck

23. Signature Wm. Van Ledtruff M.D. Medical Examiner.
Date signed 4/19/41

VS 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D 234 F 79862 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 N. Hilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 N. Hilton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Levinson

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob R

6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithy

16 (a) Informant Harry L. Levinson
(b) Address 2607 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)
(c) Cemetery or crematory Knesseth Israel
Location Rosedale

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Baltimore St, Huntington Medical Bldg, M

19 (a) APR 21 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1941 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1928 to 4/21 1941, and that I last saw h alive on 3/16 1941.

Immediate cause of death Heart Failure — Duration days

Due to Chronic Valvular disease

Due to Myocarditis. Hypertension. Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Wm H Cannon M. D.
Address 2310 Eutaw Pl Date signed 4/21/41

V8 8

F 79863
cc 56439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V108

F 79863
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Harford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10 1

3 (a) FULL NAME: Mary Ella Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1861

8. AGE: Years	Months	Days	If less than one day
79	5 or 4	1 or 24 2 4	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Beauty parlor

11. Industry or business

FATHER
12. Name: George Campbell
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Kate Campbell
15. Birthplace: Ohio

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 22 (day) 41 (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North Ave & Milton

18 (a) Funeral director: Howard N. Bligh Jr.
(b) Address: 4914 Eastern Ave

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1941, to 4-19 1941, and that I last saw h er alive on 4-19 1941.

Immediate cause of death	Duration
Lobar pneumonia	2 days
Due to Bronchial asthma	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard N. Bligh M. D.
Address: Balto City Hosp Date signed 4-20-41

F 79864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-C

F 79864 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
Street No. 32 S. Castle St.
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Ronald Jan Lichtenstein Birth F 5547

3 (b) If veteran, name war —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1941

8. AGE: Years	Months	Days	If less than one day
—	1	—	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Bernard Lichtenstein
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Evelyn Kursch
15. Birthplace Baltimore, Md.

16 (a) Informant Evelyn Kursch
(b) Address 32 S. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4400 Old Belair Rd.

18 (a) Funeral director Martin W. E. Rapp & Sons
(b) Address 2000 Eastern Ave.

19 (a) APR 21 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1941, at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19— to 19 41, and that I last saw him alive on 4/20 1941.

Immediate cause of death	Duration
Asphyxia	?
Due to Aspiration	?
Due to Vomiting from Congenital Atresia Oesophagus	4 wks.
Other Conditions Marasmus	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Tom Sheehan, M. D.
Address Sinai Hosp. Date signed 4/21/41

VS 3

F 79865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79865 170-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Drago

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-5508

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1919

8. AGE: Years	Months	Days	If less than one day
21	4	14	hr. min.

9. Birthplace Baltimore
(City, county, and state)
10. Usual Occupation Bethlehem - Shipyard
11. Industry or business

FATHER
12. Name Jack Drago
13. Birthplace Italy

MOTHER
14. Maiden Name Loretta Pusateri
15. Birthplace Baltimore

16 (a) Informant Mrs. Drago
(b) Address 1701 North Durham Street

17 (a) Burial (b) Date thereof Apr 23, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Drummond Ave

19 (a) APR 21 1941
Registrar's Signature Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1941, at 12 01 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to traumatic	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-18-1941 8-7
(c) Where did injury occur? Cor. 7 Bay & Wolfe Streets
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto While at work? No
(Specify type of place)
(e) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-20-41

VS 6

F 79866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79866 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Schaal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace London England (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael Strauff
13. Birthplace ?

MOTHER
14. Maiden Name Alwina Maffery
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

APR 21 1941 (b) [illegible] Wm. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1941, 6a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to April 20 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 163 E Northern Date signed 4-20-41

VS 8

F 79867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 79867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Presbury St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Presbury St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH MELNIKOFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Late Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Isadore Nathan Blum
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Yankelowitz
15. Birthplace Russia

16 (a) Informant Samuel Melnikoff
(b) Address 2118 Presbury Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Runs
Location Bowley Lane

18 (a) Funeral director Sol Levinson Bros
(b) Address 124-26 N. North Ave

APR 21 1941 (Date filed by Registrar)

(b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquest)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 4-20-41

F 79868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79868 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: To Balto - Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Johnson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) (?) years

24

3 (a) FULL NAME Concetta Soracco apnie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 - 1883

8. AGE: Years 58 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Salvatore Marino

FATHER 13. Birthplace Italy

MOTHER 14. Maiden Name —

MOTHER 15. Birthplace Italy

16 (a) Informant Joseph Soracco

(b) Address 1712 Johnson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Frank T. Pelagotti

(b) Address 2817 E Balto St

19 (a) Apr 21 1941 (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1941, to 4/19 1941 and that I last saw h alive on 4/18 1941

Immediate cause of death Acute Pulmonary Edema — Duration 1 day

Due to Hypertensive C-V disease

Due to

Other Conditions Bronchopneumonia terminal!

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Bernstein M.D.

Address 1 E 64th

Date signed 4/19/41

VS 3

F 79869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 79869 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 Collins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 146 Collins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dean Powell Sommers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles A. Sommers 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1886

8. AGE: Years 54 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business own Home

FATHER
12. Name Wm. Myers
13. Birthplace Va.

MOTHER
14. Maiden Name Martha White
15. Birthplace Va.

16 (a) Informant Charles A. Sommers
(b) Address 146 Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Smith
(b) Address 4101 E. Edmondson Ave

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1941, at 2:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940 to April 19 1941 and that I last saw her alive on April 18 1941.

Immediate cause of death: Congestive heart failure resulting from coronary sclerosis and hyper-tension.

Due to

Due to

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No autopsy performed.

of autopsy:

Duration
Unknown
Sev. yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dale Mayer M. D.
Address 3508 Edmondson Avenue Date signed 4-21-41

VS 3

F 79870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79870 / 108 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Georgetown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James G. Durity - Birth F 12308

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1940.

8. AGE: Years 0 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Bucks. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James H. Durity
13. Birthplace Wash. D. C.

MOTHER 14. Maiden Name Mildred M. Weitzell
15. Birthplace Bucks. Md

16 (a) Informant James H. Durity
(b) Address 1 Harwood Ct. Elkridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22/41. (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Weitzel
(b) Address 406 Edmondson Ave. Huntingtown Baltimore, Md.

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 4/19 19 41.

Immediate cause of death L. LOBAR PNEUMONIA (R+) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Bound M. D.
Address Date signed

VS 8

F 79871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 79871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Donnelly.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Ed Ambrose Donnelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1863

8. AGE: Years	Months	Days	If less than one day
78	3	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Retired Clerk
11. Industry or business Balto. Transit Co.

FATHER
12. Name Daniel K. Younger
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Ann Hunter
15. Birthplace Md.

16 (a) Informant Mrs. Rene Freund
(b) Address 2922 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21/41. (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North ave. + Gay St.

18 (a) Funeral director Harry K. Nitske
(b) Address 401 [illegible]

19 (a) APR 21 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 3:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1941 to April 19 1941. and that I last saw her alive on April 19 1941.

Immediate cause of death	Duration
Coronary Occlusion	3 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 4-22-41

VS 3

394293 F 79872 BALTIMORE CITY HEALTH DEPARTMENT F 79872 Registered No.

CERTIFICATE OF DEATH 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39-3
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stevenson (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Co. Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John S Wilson
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Stella M.
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) 12-9-77
8. AGE: Years 63 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.
9. Birthplace PA (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John S. Wilson
13. Birthplace Ohio

MOTHER
14. Maiden Name Kate Hemphee
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21/41 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem
Location Balto Co. Govanstown Road
18 (a) Funeral director John Quitslund Sons
(b) Address 1304 Eutaw Place
19 (a) APR 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1941, at 10 A.M. P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1941 to Apr 19 1941, and that I last saw him alive on Apr 19 1941.

Immediate cause of death Cerebral Thrombosis with Hemiplegia — Duration 4 days
Due to Hypertensive cardio-vascular disease — Duration ? yrs. over
Due to
Other Conditions Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ward W. Brass M.D.
Johns Hopkins Hosp. Date signed 4/19/41

VS 3

F 79873

F 79873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Gilmor St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Carter Simpkins

(a) Residence: No. 406 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Simpkins

6. DATE OF BIRTH (month, day, year) July 12, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex County Va

FATHER

13. NAME Jimmie Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Robinson

16. BIRTHPLACE (city or town) (State or country) Essex co Va

17. INFORMANT Annie Carter Williams

(Address) 406 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL Harrison Cemetery

Place Burial Date April 23. 19 41

19. UNDERTAKER Mrs Kate Robinson

(Address) 322 N. Schroeder St Huntington Williams, M.D.

20. FILED APR 21 1941 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1941

22. I HEREBY CERTIFY, That I attended deceased from April 18. 1941 to April 18. 1941

I last saw h.e alive on April 18. 1941. Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-18-41
Other contributory causes of importance:	

Was an operation performed? Not Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1631 W. Fredericks St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 7987-4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 7987-4 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 186 Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-01-5933

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Jennie Rush
(b) Address 664 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs. Retta R Williams
(b) Address 3 394 W Lafayette St

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1941, at 7:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-17 1941, and that I last saw h[illegible] alive on 4-17 1941

Immediate cause of death: Probable Carcinoma of Rectum — Duration: 2 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Snowden M. D.
Address Provident Hospital Date signed 4-21-41

F 79875

Gregolunas

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79875

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 705 W Lombard a

(c) Hospital or institution Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 705 W Lombard St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Gregolunas (Medzianowska)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Gregolunas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business

FATHER 12. Name ? Medzianowska

13. Birthplace Russia

MOTHER 14. Maiden Name ?

15. Birthplace Russia

16 (a) Informant: Frank Gregolunas

(b) Address: 705 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 41 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Frederick Rd

18 (a) Funeral director: Joseph Kaminskas Jr

(b) Address: 1210 Washington Blvd

APR 21 1941

(Date rec'd by registrar)

Hunting for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-20 19 41 at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 19 41 to 4-20 19 41 and that I last saw h alive on 4-20 19 41.

Immediate cause of death: Heart Failure — Duration: 2 wks

Due to: arteriosclerosis — 10 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: M Zuber M. D.

Address: Sinai Hospital Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 79876 F 79876

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) W. Balt. Gen'l Hospital, ... Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Anna Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 2609 Evart St., N.E. Wash.D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto G. Wagner

6. DATE OF BIRTH (month, day, year) May 31, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME George H. Engelhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Margurite ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Jack Wagner
(Address) 2603 Franklin St., N. E. Wash. D. C.

18. BURIAL, CREMATION, REMOVAL
Place Cedar Hill Cem. Date 4/23/41 19

19. UNDERTAKER Suitland, Md. Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Avenues

APR 21 1941 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1941

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1941, to 4-20, 1941.

I last saw her alive on 4-20, 1941. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive-arteriosclerotic Heart disease	2 yrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. Wallenstein M. D.

(Address) WBGH

N. B.—WRITE PLAINLY WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 79877 ✓ F 79877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33- and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 2-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME FRANCES CALDWELL HEMPSTONE Frances C. Hempstone (Mrs. Flavius B)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Flabius B. Hempstone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1863

8. AGE: Years	Months	Days	If less than one day
78	3	5	hr. min.

9. Birthplace Hawaii (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alfred Caldwell
13. Birthplace W. Va., (Wheeling)

MOTHER
14. Maiden Name Alice Wheat
15. Birthplace W. Va. (Wheeling)

16 (a) Informant Mrs. Walter L. Goodwin
(b) Address 1280 Asylum Ave., Hartford Conn.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/41 (month) (day) (year)
(c) Cemetery or crematory Hartford
Location Connecticut
18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

APR 21 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1941, at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1941, to April 20 1941, and that I last saw her alive on April 20 1941.

Immediate cause of death Circulatory collapse. — Duration

Due to Lobar Pneumonia — Duration 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Pembroke M. D.
Address Union Memorial Hosp. Date signed 4/20/41

F 79878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

F 79878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 007
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 N. Howard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Major Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1931

8. AGE: Years	Months	Days	If less than one day: hr.	min.
9	5	29		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER 12. Name Carpenter B. Jones

13. Birthplace Somerset Co. Md.

MOTHER 14. Maiden Name Helen Pate

15. Birthplace Va.

16 (a) Informant Carpenter B. Jones

(b) Address 2402 N. Howard st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)

(c) Cemetery or crematory Dames Quarters

Location Somerset Co. Md.

18 (a) Funeral director Adolphus Halstead

(b) Address 916 Druid Hill Ave.

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 7:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Acute laryngo-tracheo-bronchitis; Bilateral

Due to: Acute cardiac insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Vander Griffe M.D. Medical Examiner

Date signed 7/19/41

F 79879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 79879 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Mosher st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Mosher st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Matthews Banks

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1892

8. AGE: Years 49 | Months 8 | Days | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Furniture Crater

11. Industry or business unemployed

FATHER
12. Name Alexander Banks
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden Name Isabella Harlin
15. Birthplace Alexandria Va.

16 (a) Informant Nellie Banks
(b) Address 618 Mosher st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (b)
(Date rec'd by Registrar) Registrar

APR 21 1941

Thurston-Lee-Mitchell, Inc.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1941, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 15 1941, to Apr 18 1941, and that I last saw h[illegible] alive on Apr 18 1941.

Immediate cause of death: Cardio Vascular Renal Disease — Duration: 2 / 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S B Hughes

Address 1143 Druid Hill Ave Date signed 4/21/41

F 29886 — BALTIMORE CITY HEALTH DEPARTMENT — F 29886 — Registered No. 93 D

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Fort Howard (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Benton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Love

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1869

8. AGE: Years	Months	Days	If less than one day
71	6	624	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER — 12. Name Henry Altvater

FATHER — 13. Birthplace Balto, Md.

MOTHER — 14. Maiden Name Unk.

MOTHER — 15. Birthplace "

16 (a) Informant Mrs. Robert Love

(b) Address 29 Benton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-41 (month) (day) (year)

(c) Cemetery or crematory Mouland Park

Location Taylor Ave.

18 (a) Funeral director John G. Connelly

(b) Address 418 Eastern Ave. Balto

19 (a) APR 21 1941 (Date rec'd by registrar) Timmington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-41 19 . at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941, to 4-17 1941, and that I last saw h[illegible] alive on 4-17 1941.

Immediate cause of death Arteriosclerotic Myocardial Disease with Acute Decompensation — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph's Hosp. Date signed 4-17-41

VS 8

F 79881 ×V F 79881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125-D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital S.S.
(d) Length of stay in hospital or inst (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RUSSELL DISTREVIG

3 (b) If veteran, name war

3 (c) Social Security Account No. Single

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1940

8. AGE: Years	Months	Days	If less than one day
1	1	2	hr. min.

9. Birthplace Hampstead Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russell Strevig
13. Birthplace Md.

MOTHER
14. Maiden Name Rosana Talbert
15. Birthplace Md.

16 (a) Informant Russell Strevig
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 41 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Manchester Md

18 (a) Funeral director Edw Clifton
(b) Address Hampstead Md

APR 21 1941

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1941, to 4-20 1941
and that I last saw h/M alive on 4-20 1941.

	Duration
Immediate cause of death Acidosis	4 days
Due to Hepatomegaly of undetermined origin	
Due to Jaundice	
Other Conditions Autopsy -	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Karns M. D.
Address Univ. Hosp Date signed 4-21-41

VS 3

Burial Diary 1100

F 79882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-B

Registered No. F 79882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 Mc Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1506 Mc Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? 41 yrs years

3 (a) FULL NAME Elizabeth Plungis

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Benedict Plungis
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 2 - 1890

8. AGE: Years	Months	Days	If less than one day
50	10	18	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Benedict Plungis
(b) Address 1506 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Jeff. B. McCabe
(b) Address 1417 Eutaw St

19 (a) (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 4 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1941, to 4-20 1941, and that I last saw her alive on 4-19 1941.

Immediate cause of death	Duration
Thyroid heart disease with congestive failure	4 weeks
Due to	
Due to	
Other Conditions (Nodular toxic goiter)	25 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. B. Sullivan M. D.
Address 126 Biddle St Date signed 4-21-41

F 79883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 79883

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Perry Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 9 Belair Rd. nr. Halbert Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Brockmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) 12/17/81

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	4	2		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Special Officer
11. Industry or business Balto. Co. P.D.

FATHER
12. Name John F. Brockmeyer
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Eliza Fitch
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Brockmeyer
(b) Address Fullerton P.O., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Josephs Cem.
Location Fullerton, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 8.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 19 41. to April 19 1941. and that I last saw him alive on 4/19 1941.

Immediate cause of death Cardiac Failure — Duration

Due to Hypostatic C.V. Disease

Due to A-S Heart Disease

Other Conditions Cardiac asthma

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad L. Richter M. D.
Address St. Joseph's Hosp Date signed 4/19/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 79884

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: St Agnes.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 wks

(e) Length of stay in Baltimore (yrs., mos., or days): 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Hillside Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Mrs Zeola B. Faber

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Robert.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 28th 1888

8. AGE: Years: 52 Months: 3 Days: 22 If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER 12. Name: Alvin Orwood.

FATHER 13. Birthplace:

MOTHER 14. Maiden Name: Emma Seekrist

MOTHER 15. Birthplace:

16 (a) Informant: Robert R. Faber

(b) Address: 16 Hillside Road

17 (a) (Burial, cremation, or removal) (b) Date thereof April 22nd 1941 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Mem.

Location:

18 (a) Funeral director: E. Schloman & Son

(b) Address: 1039 Hanover St.

19 (a) APR 21 1941 (Date rec'd by registrar) (b) Huntington Station, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20th 1941, at 2:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18th 1941, to April 20th 1941, and that I last saw h - alive on 19.

Immediate cause of death: Cardiac Failure — Duration:

Due to: Degenerative Myocardial Disease

Due to:

Other Conditions: Chronic Passive Congestion

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J. C. Pound M. D.

Address: Date signed:

F 79885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 79885 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Johnson Births F 76655
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 18, 1941

8. AGE: Years	Months	Days	If less than one day
			20 hr. 55 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Nellie Johnson
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address 1704 W. Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY HOSPITAL SCHOOL APR 18 1941
Commissioner of Health

18 (a) Funeral director
(b) Address
Per H. A. Moore

19 (a) APR 21 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1941, at 10:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19...; and that I last saw h... alive on 19....
Immediate cause of death Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. King B. E. Sugar, Jr. M.D.
Address University Hospital Date signed

VS 8

6423

F 79883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59 V

Registered No. F 79886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Minutes

2. USUAL RESIDENCE OF DECEASED: Residence of Mother
(a) State Md (b) County Anne Arundel
(c) City or town Glenburnie (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Graefe Birth F 26653

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Baby

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1941

8. AGE: Years	Months	Days	If less than one day
			hr. 43 min.

9. Birthplace University Hospital, Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Dietrich Graefe
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Vira Burroughs
15. Birthplace Atlantic City, New Jersey

16 (a) Informant Vira Graefe (mother)
(b) Address Glenburnie, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 18 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 21 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

6422

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-41 19 , to 4-16-41 19 , and that I last saw him alive on 4-16-41 19 .

Immediate cause of death: Prematurity — 26 wks — Duration

Due to:

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. King B. E. Seegars, A.M., M.D.

Address University Hospital Date signed

F 79887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 ✓ F 79887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME Elizabeth Lee Reus — Booth F 26501

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) April 9, 1941

8. AGE: Years	Months	Days	If less than one day
-	-	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Reus
13. Birthplace Maryland

MOTHER
14. Maiden Name Doris Price
15. Birthplace Maryland

16 (a) Informant Doris Reus
(b) Address 2012 E. Lanvale St.,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [illegible] APR 18 1941 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 21 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 1.6424

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1941, at 9:50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1941, to Apr. 11 1941, and that I last saw her alive on April 11 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Hellman
Address The Johns Hopkins Hospital, Date signed 4/12/41 M.D.

F 79888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. 79888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs. 19 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 hrs. 19 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME "Baby" Brown

Births F 2653

3 (b) If veteran, name war: -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) April 12, 1941

8. AGE: Years	Months	Days	If less than one day
			11 hr. 19 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name James Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Gertrude Brown
15. Birthplace Baltimore, Maryland

16 (a) Informant Gertrude Brown
(b) Address 1015 N. Caroline St.,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

APR 18 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. S. Moore

19 (a) APR 21 1941 (Date received by registrar) Huntington Williams M.D. Registrar

6425

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1941 at 11:48 A.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1941 to Apr. 12 1941 and that I last saw him alive on April 12 1941.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Bellamann
The Johns Hopkins Hospital, Address
4/15/41 Date signed

79889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓ F 79889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Homewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John D. Mallon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9. 1879

8. AGE: Years	Months	Days	If less than one day
62	5	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation City of Baltimore
11. Industry or business

FATHER 12. Name John Mallon
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Nash
15. Birthplace Ireland

16 (a) Informant Mrs Mary Mallon
(b) Address 1114 Homewood.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Peters & Zahn
(b) Address 1310 E. Lexington St

APR 21 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 4:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941, to April 19 1941, and that I last saw him alive on April 17 1941.

Immediate cause of death	Duration
Myocardial failure (congestive)	4 days
Due to coronary thrombosis	4 wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverfarb M. D.
Address 714 E. Preston Date signed 4/22/41

79890

4133-305-above-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 79890 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2557 McHenry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town 2557 McHenry St. Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Robert W. Ringrose

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-2147

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 19, 1880

8. AGE: Years 61 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Watchman

11. Industry or business B. & O. R.R.

FATHER
12. Name John A. Ringrose
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabella Fallon
15. Birthplace Md.

16 (a) Informant Robert W. Ringrose (Son)
(b) Address 1623 Race St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem. Location Baltimore Md.

18 (a) Funeral director A. Howard Evans
(b) Address 400-02 S. Charles St.

19 (a) APR 21 1941 (Date rec'd by registrar) Arthur Williams M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 12 15 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1940 to April 20 1941, and that I last saw h[illegible] alive on April 17 1941.

Immediate cause of death: Coronary thrombosis

Due to —

Due to Chronic myocarditis c hypertension

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] Galas

Address 4 N. Fulton Ave. Date signed 4/22/41 M. D.

F 79891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 79891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 h. Guilford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 h. Guilford ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie B Sherwood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29-1864

8. AGE: Years 76 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Thomas Murray
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Hubner
15. Birthplace Germany

16 (a) Informant Helen Sherwood
(b) Address 2709 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Cleveland

18 (a) Funeral director John A. Nolan
(b) Address 3501 Eastern Ave

19 (a) APR 21 1941 (Date rec'd by registrar) (b) [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1936, to April 20 1941, and that I last saw him alive on April 19 1941.

Immediate cause of death: Acute Cardiac Dilatation — Duration 5 days

Due to Myocardiac Endocarditis Arteriosclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma B Duncan M. D.

Address 718 N Patterson Pk Date signed April 21/41

VS 3

F 79892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 79892

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 150 N. Kenwood ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County 2

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 150 N. Kenwood ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) FULL NAME Mary Ann Murray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct-19-1862

8. AGE: Years 78 79 | Months 6 5 | Days | If less than one day ... hr. ... min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business at home

FATHER 12. Name Michael Murray

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Flannigan

15. Birthplace Ire

16 (a) Informant Rose Murray

(b) Address 150 N. Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-41 (month, day, yr.)

(c) Cemetery or crematory Mt. Lebanon

Location Old Frederick Rd.

18 (a) Funeral director John A. Hogan

(b) Address 3000 E. Baltimore St.

19 (a) APR 21 1941 (Date rec'd by registrar) Huntington Wilhelms M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19/ 1941, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1938 to Apr. 19 1941, and that I last saw her alive on Apr. 19 1941.

Immediate cause of death: Chronic Myo-Carditis — Duration: 3 yrs.

Due to Arteriosclerosis — Duration: ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Joseph L. Valentine M.D.

Address 601 Broadway Date signed 2-41

VS 3

79893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. F 79893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians:- please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 6752 Yocum Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN CARL LOTT

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul. 5 1937

8. AGE: Years	Months	Days	If less than one day
3	9	15	hr. min.

9. Birthplace Phila. Pa (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Carl Lott
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Mamie Kelly
15. Birthplace Phila. Pa.

16 (a) Informant Joseph Sprows
(b) Address 107 S.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21-41 (month) (day) (year)
(c) Cemetery or crematory Phila Pa —
Location

18 (a) Funeral director Edward Toulson
(b) Address 2309 Washington Blvd.

19 (a) APR 21 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 6.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing of head	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 20, 1941
(c) Where did injury occur? Broad and Ft. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury pedestrian struck by auto bus - Bell. Coal Co.

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-20-41

39629 F 79891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 79894 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1318 Argyle Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lizzie Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Noah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-18-83

8. AGE: Years 57 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Samuel Deshields

13. Birthplace Md.

MOTHER 14. Maiden Name Sallie Winder

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem. Location Balto., Md.

18 (a) Funeral director Mrs. Lauren A. Dennis

(b) Address 578 W. Biddle St.

19 (a) Apr 22 1941 (Date received by local registrar) (b) Registered by Hunting for Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941 at 11 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1941 to Apr 19 1941 and that I last saw h[illegible] alive on Apr 14 1941.

Immediate cause of death: Carcinoma of ovary, with metastases

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold Speert M. D.

Address Johns Hopkins Hosp. Date signed

F 79893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79893 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 Cloverdale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Cloverdale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13 3

3 (a) FULL NAME Ella Watts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 1868

8. AGE: Years 73 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Williams
13. Birthplace Md.

MOTHER 14. Maiden Name Ella ?
15. Birthplace Md.

16 (a) Informant Mrs. Edna Carroll
(b) Address 1225 Cloverdale Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Biddle St.

19 (a) APR 22 1941 (Date received by Registrar) (b) Huntingtown Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 9:30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 16 1941 to April 19 1941, and that I last saw [illegible] alive on April 19 1941.

Immediate cause of death: Apoplexy

Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 4/22/41

F 79896

F 79896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Shields Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Tate.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5057

4. Sex Male | **5. Color or race** Colored | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Isabella Tate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1858

8. AGE: Years 59 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Daniel Tate
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Howard
15. Birthplace Md.

16 (a) Informant Isabella Tate
(b) Address 1024 Shields Pl.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-22-41 (month) (day) (year)
(c) Cemetery or crematory Cypress Hill Mem Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Murphy
(b) Address 57 E. W. Biddle St.

19 (a) APR 22 1941 (Date received by registrar) **(b)** Huntingtown Md (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941 at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1941 to 4/18 1941, and that I last saw him alive on 4/18 1941.

Immediate cause of death Apoplexy — **Duration** 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Hawkins M.D.

Address 1015 W. Lanvale St. **Date signed** 4/22/41

VS 3

F 79897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 79897 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be typewritten. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W Greenway Alls N. Charles & (If rural give location) 34 th
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Barker Corner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife James L. Corner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 30 1855

8. AGE: Years	Months	Days	If less than one day
85	11	21	hr. min.

9. Birthplace Easton Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Isaac W. Powell
13. Birthplace Easton Md

MOTHER
14. Maiden Name Lucy A. Barker
15. Birthplace Mass

16 (a) Informant Sophie R Pitt
(b) Address 220 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 1941 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Enkyo & Son
(b) Address Fulton & Richards
APR 22 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 · 8 · 1941 to 4 · 21 · 1941 and that I last saw her alive on 4 · 21 · 1941.

Immediate cause of death Inanition — Duration 2 weeks
Due to Paralysis — 2 months
Due to Apoplexy — 2 months
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operation —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm. F. Peace M. D.
Address Union Memorial Date signed 4/21

VS 3

F 79898

Marie

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon Marie

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ or wife Emily Peter Marie
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1865

8. AGE: Years	Months	Days	If less than one day
76	2	26	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Gamere Marie
13. Birthplace France

MOTHER
14. Maiden Name Sarah Stewart
15. Birthplace New York

16 (a) Informant Emily P. Marie
(b) Address 1205 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 41 (month) (day) (year)
(c) Cemetery or crematory Episcopal Cemetery
Location Great River Long Island

18 (a) Funeral director H. M. Jenkins & Son Co
(b) Address Oakland & N. Calvert St

19 (a) APR 22 1941 (Date rec'd by registrar) (b) [illegible] for Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939, to April 20 1941, and that I last saw h in alive on 4/20 1941.

Immediate cause of death Coronary thrombosis — Duration 1/2 hour.

Due to chr. myocarditis with decompensation, fibrillation — Duration 1 year

Due to arteriosclerosis — Duration several years.

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lander R. Smith, Jr.
Address 1614 St Paul St Date signed M. 4 D. 21 / 41

F 79899

cc 65090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 79899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 das
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 W. Lafayette Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-9665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1916

8. AGE: Years	Months	Days	If less than one day
25	1	13	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Garage Work
11. Industry or business Unemployed

FATHER
12. Name William
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosie Foster
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Q. A. Co Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Fremont Ave

19 (a) (Date rec'd by registrar) Huntington Williams, Registrar

APR 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941 to 4-19 1941 and that I last saw him alive on 4-19 1941

Immediate cause of death: Cardiac failure — Duration ?
Uraemia — ?
Due to Heart lesion undiagnosed — ?
over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-20-41

F 79900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 79900

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 367 W. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. WILSON

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2/1890

8. AGE: Years 50 | Months 7 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore Md. (Town, county, and State)
10. Usual Occupation: Junkman
11. Industry or business: (unemployed)

FATHER
12. Name: Alfred Wilson
13. Birthplace: Howard County Md

MOTHER
14. Maiden Name: Georgianna Mc Alden
15. Birthplace: Chestnut Ridge, Md.

16 (a) Informant: Georgianna Wilson
(b) Address: 367 West Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/41 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Baltimore Md.

18 (a) Funeral director: Charles H. Corfer
(b) Address: 514 N. Calhoun St

19 (a) APR 22 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

Ait 6894

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 10:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hematoma, subdural	
Due to: Fracture of skull	
Due to:	
Other Conditions: Acute alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident?
(b) Date of occurrence: April 14, 1941 1 P.M.
(c) Where did injury occur? Fort Avenue Tunnel Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury: pedestrian run over by auto

23. Signature: H. L. Wallenmeyer M.D. Asst. (Medical Examiner.)
Date signed 4-15-41

396326 F 79901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Homewood Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James O Preston

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Lucy Pugh
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 12-23-79

8. AGE: Years	Months	Days	If less than one day
61	2	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation INSURANCE BROKER
11. Industry or business

FATHER
12. Name James Preston
13. Birthplace PA

MOTHER
14. Maiden Name Emma Meakin
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John Crutchfield Sons
(b) Address [illegible]

19 (a) APR 24 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR - 20 1941, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 18 1941, to APR 20 1941, and that I last saw HIM alive on APR 20 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 hrs
Due to Hypertension and cardiac insufficiency	? yrs
Due to Arteriosclerotic heart disease	? Yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm W. Brem M.D.
Address Johns Hopkins Hosp. Date signed 4/24/41

VS 3

393474 F 79902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

34a

F 79902

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians:- please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Spanish (b) Honduras
(c) City or town Bonacca (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esald Comma

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 4-25-14

8. AGE: Years	Months	Days	If less than one day
26	11	21	hr. min.

9. Birthplace Honduras (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Allen Comma
13. Birthplace Honduras

MOTHER
14. Maiden Name Hattie Saunders
15. Birthplace Honduras

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Son
(b) Address 1905 Eutaw Place

19 (a) APR 22 1941 (b) Huntington, Indiana, M. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941, at 1.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1941 to Apr. 16 1941, and that I last saw him alive on Apr. 16 1941.

Immediate cause of death	renurrent	Duration
	brain tumor	about
Due to	ependymoma	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation 2/21/41
Major findings of operation: ependymoma midbrain
of autopsy: ependymoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature E B Dorsey M.D.
Address Johns Hopkins Hosp Date signed 4-19-41

VS 3

F 79903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 79903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Northway Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Baltimore, (If outside city or town limits, write RURAL and give town) Northway Apts.

(d) Street No.: Charles St. & University Pky. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Amelia Mann Ijams

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Albert B. Ijams

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1/22/1870

8. AGE: Years	Months	Days	If less than one day
71	2	28	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business:

FATHER

12. Name: Charles B. Mann

13. Birthplace: Ohio.

MOTHER

14. Maiden Name: Anna C. Eader

15. Birthplace: Md.

16 (a) Informant: Mrs. Mildred M. Johnson

(b) Address: Navel Academy, Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cemy.

Location: 3801 Frederick, Ave.

18 (a) Funeral director: John O. Mitchell Funeral Home Inc.

(b) Address: 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941, to April 20 1941, and that I last saw her alive on April 2 1941

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Hemiplegia.	
Due to Arterial sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: [illegible] M. D.

Address: 2 W. Read St. Date signed

F 79904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 79904 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Hospital or institution.~~ Apparently Balto. Harbor.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Portugal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Wodtoosky (right name Wladkowski)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-0663

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 15 - 1901

8. AGE: Years	Months	Days	If less than one day
39	7	X	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Balto Drydocks

FATHER
12. Name John Wladkowski
13. Birthplace B Poland

MOTHER
14. Maiden Name Adelia Borichowski
15. Birthplace Poland

16 (a) Informant Alexander Wladkowski
(b) Address 1605 Portugal Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Balto Md

18 (a) Funeral director William Fiaskowski
(b) Address 1618 Eastern. Ave.

19 (a) (Date received by registrar) (b) Registrar

APR 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1941, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence Unknown - probably between 4/12 & 4/18
(c) Where did injury occur Harbor, Pier 3 Orch. (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No —
(Specify type of place)
(e) Means of injury Found in Patapsco River

23. Signature Howard A. Mc Mechen M.D. Medical Examiner.
Date signed 4/20/41

F 79905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79905 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 S. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK DURICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-22-41 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location O'Donnell St.

18 (a) Funeral director Wendell Hoppel

(b) Address 312 S. Highland Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 6 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no alive

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 4-14-41

F 79906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 79906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4116 Westview Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4116 Westview Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY S. EYLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lewis B. Eyler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1865

8. AGE: Years: 75 | Months: 5 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Frederick Co., Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Cyrus Eyler
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Celia Ann Harbaugh
15. Birthplace: Maryland

16 (a) Informant: Mrs. Wm. H. St. St. Clair
(b) Address: 4116 Westview Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/41 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) APR 22 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941, to Apr. 20 1941, and that I last saw him alive on Apr. 20 1941.

Immediate cause of death Pulmonary edema
Myocardial degeneration
Due to Arteriosclerosis — Duration 4 hrs.

Due to Marked general arteriosclerosis & Cerebral. — Duration 1 yrs. 2 yrs.

Other Conditions Arteriosclerosis abscess
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. B. Wright M. D.
Address 1401 Cath. Blvd. Baltimore Date signed 4/22/41

F 79907

F 79907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 N Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 N Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Henderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bessie Henderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1869

8. AGE: Years 72 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation Funeral Director + Embalmer

11. Industry or business

FATHER
12. Name Arthur Henderson
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Mary J.
15. Birthplace Cambridge Md

16 (a) Informant Walter Henderson (Brother)
(b) Address 130 Forsyth St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Lake Cemetery
Location Balto.

18 (a) Funeral director Walter B. Scriggs
(b) Address 139 W. Hamburg St. Baltimore, Md.

19 (a) APR 22 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941 to April 20 1941, and that I last saw him alive on April 19 1941.

Immediate cause of death: Chronic Nephritis. (Uremia) — Duration unknown

Due to

Due to

Other Conditions Chronic Liver — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L. Young M. D.
Address 1429 E. Baltimore Date signed 4/21/41

VS 3

79908 — Crowe # 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 — F 79908 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found floating in harbor on West
(b) Street address — side of Pier 5
(c) Hospital or institution: — Pratt St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Unknown (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED COLORED Male

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation — Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location PUBLIC CEMETERY

APR 22 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

Per H. A. Moore

19 (a) APR 22 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1941, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide — accident
(b) Date of occurrence — April 1941
(c) Where did injury occur? harbor (City or town) (County) 4-1 (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury — drowning

23. Signature W. L. Wallenmeier M.D. Medical Examiner.

Date signed 4-12-41

Crane # 4

F 79909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 79909

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Found floating in harbor
(c) Hospital or institution: Pier 8 Lancaster St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40-50?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY APR 22 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Williams, M.D.

19 (a) APR 22 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1941, at 8:25 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Found Drowned
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Undetermined
(b) Date of occurrence Unknown 3-2
(c) Where did injury occur? Pier 8 Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Public While at work? —
(Specify type of place)
(e) Means of injury Drowned in harbor
23. Signature Howard J. Oliver M.D.
Medical Examiner.
Date signed 4-21-41

F 79910 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 79910

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Battery Ave St. 24-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph B. Wagner

If U. S. Veteran specify WAR _____

(a) Residence: No. 1205 Battery Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Helene Wagner

6. DATE OF BIRTH (month, day, year) October 6th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
71	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Wagner

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna E. Schutler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Mary F. Thompson (Address) 1205 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL David Ridge Town Date April 24 1941

19. UNDERTAKER Bernard C. Hasle (Address) 121 E. Mead St.

20. FILED APR 22 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st 1941

22. I HEREBY CERTIFY, That I attended deceased from March 21 1939 to April 21 1941

I last saw him alive on April 21 1941 Death is said to have occurred on the date stated above, at 9.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Other contributory causes of importance: General Anasarca	2 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19__

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) D E Wallis M. D.

(Address) 1279 Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 79911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 79911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 Bayard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Bayard st (If rural give location)
(e) If foreign born, how long in U. S. A.? 7- years

3 (a) FULL NAME Marcella Petruska

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3156

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 55 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Vitus Petruska
(b) Address 911 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Fasunkas Inc.
(b) Address 602 Washington Blvd

19 (a) APR 22 1941 (Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. find that said deceased came (Autopsy or Inquiry)
to ... death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/21/41

VS 6

F 79912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 79912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Fleet St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl James
Birth F 27224
3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1941

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Luther H. James
13. Birthplace West Va.

MOTHER
14. Maiden Name Mary H. Haid
15. Birthplace Baltimore Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road.

18 (a) Funeral director Selby & Tyler, Inc
(b) Address 403 S. Wolfe St.

19 (a) Date rec'd by Registrar APR 23 1941 Huntington Williams, M.D.
(b) Registrar's No. 9

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 20 1941 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Prematurity — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R.O. Pollack M. D.
Address J. H. H. Date signed 4-21-41

79913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 ✓ F 79913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 W. Mulberry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 W. Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John T. Malone, S.S. no. 216-09-2567 from S.S. Board.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-01-5104
4. Sex Male
5. Color or race Col.
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife Jennie Malone
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 11 7 1892
8. AGE: Years 48 Months 5 Days 13 If less than one day hr. min.
9. Birthplace Caswell Co N. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Common Labor

FATHER
12. Name Nathaniel Malone
13. Birthplace Caswell Co N. C.

MOTHER
14. Maiden Name Mary Jane Johnson
15. Birthplace N. C.

16 (a) Informant Joseph P. Richmond.
(b) Address 916 E. Merrit st Greensboro

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 22 1941 (month) (day) (year)
(c) Cemetery or crematory Greensboro, N. C.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Edgeworth St
19 APR 22 1941 Greensboro Williams Funeral Home
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16th 1941, to April 20th 1941, and that I last saw alive on April 20th 1941.

Immediate cause of death	Duration
Acute Endocarditis.	4 days
Chronic Interstitial Nephritis	1 mo
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Bunn M. D.
Address 522 N. Carlington Date signed 4/21/41

Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Fill in all items. Omissions will delay registration. Be sure that the information is correct and complete. Accuracy is especially important.

F 79914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph R. Norris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1872 ?
8. AGE: Years 69 | Months - | Days — | If less than one day ... hr. ... min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John C. Norris
13. Birthplace Va

MOTHER
14. Maiden Name Susan Norris
15. Birthplace —

16 (a) Informant Thos. Copenhaver
(b) Address 605 N Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 847 Madison Ave

19 APR 29 1941 (Date rec'd by registrar) Registered by Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1941, to April 21 1941, and that I last saw him alive on April 21 1941.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Cutterman M. D.
Address 2324 Reisterstown Rd Date signed 4/22/41

F 79915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 79915

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 E. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME DIEGO MARCONI

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife late Annunziata
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd 1877

8. AGE: Years	Months	Days	If less than one day
64	2	18	hr. min.

9. Birthplace Chiarino Italy
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Raffaele Marconi
13. Birthplace Italy
14. Maiden Name Maria M. Urbani
15. Birthplace Italy

16 (a) Informant MARIO MARCONI Son
(b) Address 103 S. POTOMAC ST.

17 (a) Burial (b) Date thereof April 23 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) APR 22 1941 (b) Hunting H. Hill Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29/41 19 . to 4/20/41 19 .
and that I last saw him alive on 4/20/41 19 .

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Broncho Pneumonia	3 days
Due to arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philibert Artigiani M. D.
Address 2942 E. Fayette St. Date signed 4/21/41

F 79916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 79916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N Luzerne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorenzo D. Ford

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-6751

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lotty Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15-1871

8. AGE: Years	Months	Days	If less than one day
69	11	5	hr. min.

9. Birthplace Fairmount Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name William Ford
13. Birthplace Md

MOTHER 14. Maiden Name Dont Know
15. Birthplace Md

16 (a) Informant Mrs Lotty Ford
(b) Address 425 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto

18 (a) Funeral director John Allen's
(b) Address 2008 Allegany Ave Hunting Ton Indiana

19 (a) APR 22 1941 (Registered by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1941, at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 - 1941, to April 20 1941, and that I last saw him alive on April 20 1941.

Immediate cause of death: Acidosis Diabetes; Renal Disease — Duration: 4 mos.
Due to Arteriosclerosis
Due to Old Syphilis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. V. Key Jr.
Address 156 N Milton Ave Date signed 4/5/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6

F 79917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 Pearl St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Pearl St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Mary Juanita E Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1915

8. AGE: Years 25 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Monroe Jackson

13. Birthplace Wilmington N.C.

MOTHER 14. Maiden Name Blanche E Burton

15. Birthplace Md

16 (a) Informant Mary E. Burton

(b) Address 402 Pearl St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Sam'l E. Chase Son

(b) Address 638 N. Gilmor St

19 (a) [illegible] (Signature of registrar) (b) Huntingtor Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1937, to April 21 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death

Duration

Lues 1935-1941

Due to Use of Antisyphilitics

& no Wbar —

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William H Wright M.D.

Address 1209 Preston Ave Date signed 4/22/41

VS 3

79918 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 79918

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. Bon Secours Hospital, 20-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Boy Pardoe — If U. S. Veteran specify WAR _____

(a) Residence: No. 2024 Boyd St. St., _____ Ward. Balto F 26755
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4.22.41

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
				7 hrs

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alvin Thomas Pardoe

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Margaret Hutchinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Margaret Pardoe
(Address) 2024 Boyd St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Apr 22 1941

19. UNDERTAKER George F. Schwab
(Address) 5101 Pimlico Rd

20. FILED APR 22 1941 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1140 am 4-22 1941, to 8 30 am 4-22 1941

I last saw him alive on 4-22 1941. Death is said to have occurred on the date stated above, at 8 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Fetal debilitas	7 hrs
Other contributory causes of importance: Prematurity	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Edward F. J. Kelly M.D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 79919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. 79919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Watson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years ✓

3 (a) FULL NAME OSCAR JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 | Months | Days | If less than one day: hr. ..... min.

9. Birthplace ..... (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL APR 22 1941
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) APR 22 1941 (Date received by Registrar) Registrar

6431

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1941, at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary acute	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-14-41

79920 ✓ 79920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 E. Eager St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Deck.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2452 E. Eager, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonard Deck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Imhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Deck
(Address) 2452 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April. 24 1941

19. UNDERTAKER Geo. M. Fink & Son.
(Address) 811 N. Wolfe St.

20. FILED APR 22 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 21st. 1941

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on 4-21-41 Death is said to have occurred on the date stated above, at 10/45A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Tongue
Liver (Primary)

Date of onset: 2 wks ago

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wm Fletcher Peck M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

79921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-L

Registered No. E 79921

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 N Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Rebecca Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Robert S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1858

8. AGE: Years 82 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Home (Retired)
11. Industry or business

FATHER
12. Name Woodburn
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Woodburn
15. Birthplace Md.

16 (a) Informant Mrs Hattie Baldwin
(b) Address 1434 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John E. Mozan
(b) Address 3000 E. Baltimore St.

19 (a) APR 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19/ 1941, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1932, to April 19 1941, and that I last saw her alive on April 19 1941.

	Duration
Immediate cause of death: Chr. myocarditis	7 yrs
Due to: arteriosclerotic cardiovascular renal disease	9 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Adesi M. D.
Address 6211 Harford Rd Date signed 4-21-41

79922
64503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 79922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Vacek

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5652

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1916

8. AGE: Years	Months	Days	If less than one day
24	11	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business

FATHER
12. Name Frank Vacek
13. Birthplace Minnesota

MOTHER
14. Maiden Name Frances Bartos
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brachlow
(b) Address 900 N. Chester st

APR 22 1941 (Date rec'd by registrar)

(b) Huntington Williams Reg. H. F.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 41 at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Pulmonary Tuberculosis — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Hirte M. D.
Address Bureau City Hosp Date signed 4-21-41

79923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 79923

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Catonsville Balt. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Pettis

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-2532

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colrd	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 18-1918

8. AGE: Years	Months	Days	If less than one day
22	4 5	2 7 1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business

FATHER
12. Name Morgan Pettis
13. Birthplace Va

MOTHER
14. Maiden Name Silly Ashy
15. Birthplace Va

16 (a) Informant Silly Pettis, mother
(b) Address Catonsville, Balt Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Joseph H. Smith
(b) Address 709 N. Mount St.

19 (a) (Date received by local registrar) (b) Huntington Williamsport, Md.

APR 10 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9-41 19 at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9-41 19 to 4-9-41 19, and that I last saw h[illegible] alive on 4-9-41 19

Immediate cause of death	Duration
Toxemia	4 hrs
Due to Intestinal Obstruction	4 days
Due to Rabbit's Hernia in femoral canal	4 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: as above

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp Date signed 4-10-41

F 79924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

F 79924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Chilton St.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) - -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Chilton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME ADELAIDE GERTRUDE DOYLE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Burns Doyle
6 (c) If alive, give age: 55? years
7. Birth date of deceased (mo., day, yr.): June 29. 1890
8. AGE: Years 50 | Months 9 | Days 21 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Frederick A. Winecke
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Adelaide Berghoff
15. Birthplace: Baltimore

16 (a) Informant: Mr. John B. Doyle (Husband)
(b) Address: 1339 Chilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 23 1941 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC. By J. Sander
(b) Address: North Ave. & Broadway.

APR 23 1941 (Date received by registrar) Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20. 1941 at 8.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1941 to Apr 20 1941.
and that I last saw her alive on Apr 20 1941.

Duration

Immediate cause of death: Generalized Carcinomatosis — 1 yr

Due to: Carcinoma of Uterus — 1 yr

Due to: Cerebral Hemorrhage — 1 yr

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Samuel N. Doyle M.D.
Address: 5611 Roland Ave. Date signed

3955 77 79925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 79925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2964 Keswick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joel A. Inge

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elsie P. Inge
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 4-17-80

8. AGE: Years	Months	Days	If less than one day
61	0	4	hr. min.

9. Birthplace: VA (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Self

FATHER
12. Name: John W. Inge
13. Birthplace: VA

MOTHER
14. Maiden Name: Sally Howard
15. Birthplace: VA

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation or removal) (b) Date thereof April 24th 1941 (month) (day) (year)
(c) Cemetery or crematory: North Bedford Church
Location: Lynchburg Va.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul

APR 23 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-21-1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1941, to Apr 21 1941, and that I last saw him alive on Apr 21 1941

Immediate cause of death	Duration
Carcinoma of stomach with metastases to	6 mos
Due to liver, abdominal wall, & ? pancreas. (gastro + entero anterostomy;	
Due to drainage of liver)	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William Gray Cotton M. D.
Address: Johns Hopkins Hosp. Date signed 4-23-41

VS 3

F 79926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 79926 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fee correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Carey st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Carey st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine W. Buchheimer

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 8th 1862

8. AGE: Years	Months	Days	If less than one day
78	4	13	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Peter Buchheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Butt
15. Birthplace Holland

16 (a) Informant Ida Buchheimer
(b) Address 17 N. Carey st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24th 1941 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul st

19 (a) APR 23 1941 (Date rec'd by Registrar) (b) Hunting for William [illegible] D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1941, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to April 21 1941. and that I last saw h. alive on April 21 1941.

Immediate cause of death Chronic Bronchitis — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Crane M. D.
Address 42 W 40 A Date signed

F 7927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E

F 7927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Bolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving Meyers

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	Wh	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1890

8. AGE: Years	Months	Days	If less than one day
50	5	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Meyers
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Harriet Adams
15. Birthplace Va

16 (a) Informant Mrs Mary F Stroman
(b) Address 5048 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 24 41 (month) (day) (year)
(c) Cemetery or crematory County
Location Baltimore Md

18 (a) Funeral director Wm C[illegible]
(b) Address 1217 E Fond St

APR 23 1941 (Date rec'd by registrar)

Burial to Hillcrest M.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral atrophy	
Due to Infarct left temporal lobe	
Due to Cerebral edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 4/22/41

VS 6

38752 F 79928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

F 79928 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-07

8. AGE: Years	Months	Days	If less than one day
33	9	8	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Alex Holmes
13. Birthplace N.C.

MOTHER 14. Maiden Name Carrie Miller
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Elroy O. Wilson

18 (a) Funeral director
(b) Address 1000 Rhode Island Ave
(c) 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1941, at 4 1/2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Apr 19 1941, and that I last saw her alive on Apr 19 1941.

	Duration
Immediate cause of death Hematemesis	1 hr ?
Due to Mycosis fungoides	2 1/2 Mo.
Due to	
Other Conditions Bronchiectasis RLL	1 yr ?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Farmer M.D.
Address Johns Hopkins Hosp. Date signed 4-19-41 M. D.

VS 3

3959 12 F 79929

F 79929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Major Thaxton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) P 1901

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Alex. Moore

13. Birthplace Va

MOTHER 14. Maiden Name Peg Johnson

15. Birthplace Va.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 (month) (day) (year)

(c) Cemetery or crematory South Boston Va

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Broadway

19 (a) Filed APR 23 (Date received by registrar) Thaxton Williams, M Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941 at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1941 to Apr. 19 1941 and that I last saw him alive on Apr. 19 1941.

Immediate cause of death Uremia — Duration 2 wks

Due to Hypertension — 5 yrs

Due to

Other Conditions Syphilis, latent, well treated

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Marshall Harvey M. D.

Address Johns Hopkins Hosp. Date signed April 21, 1941

79930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 79930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Shield Place (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edward Barksdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1939

8. AGE: Years	Months	Days	If less than one day
1	8	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John Barksdale

13. Birthplace Halifax Va

MOTHER 14. Maiden Name Annette Thomas

15. Birthplace S. Car.

16 (a) Informant John Barksdale
(b) Address 1520 Shields Pl

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-23-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Balto County

18 (a) Funeral director A. J. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Hunter Jr. Williams, M.D. Registrar

APR 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 8:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-18 1941, and that I last saw him alive on 4-18 1941.

Immediate cause of death	Duration
Far Advanced Pulmonary Tuberculosis (Miliary Type)	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Sage M.D.
Address University Hospital Date signed 4/18/41

F 79931

SS 64796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 79931

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	DIVORCED

6 (b) Name of husband or wife Andy Burns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50	11	10	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Peddles around

11. Industry or business

FATHER
12. Name Thomas Adams
13. Birthplace N. C.

MOTHER
14. Maiden Name Elizah Newkirk
15. Birthplace N. C.

16 (a) Informant B. C. H. records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-23-41
(month) (day) (year)
(c) Cemetery or crematory McCalvary
Location A. A. County

18 (a) Funeral director Douglas Funeral Home
(b) Address 918 Druid Hill Ave.

19 APR 23 1941 (Date received by Registrar) (b) Hunting ton Md. Burial 4-27

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1941, to 4-18 1941, and that I last saw h[illegible] alive on 4-18 1941.

Immediate cause of death	Duration
(a) Bronchopneumonia	7 days
Due to Carcinoma of Breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. T. Ryder M. D.

Address Balto City Hosp Date signed 4-24-41

F 79932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

F 79932

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 N Montford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Montford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Katherine Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Wm Morrison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13-1870

8. AGE: Years	Months	Days	If less than one day
70 71	9	9 17	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Frederick Funk
13. Birthplace Baltimore

MOTHER
14. Maiden Name Katharine Momberger
15. Birthplace Balto

16 (a) Informant Clara Poland
(b) Address 3224 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director John Ulluck
(b) Address 2002 Gilmor St

19 Filed (Date received by registrar) Apr 29 1941 (Signature of Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 1-29 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1941 to April 22 1941 and that I last saw her alive on April 21 1941.

Immediate cause of death myocardial insufficiency — Duration 3 days

Due to chronic myocarditis. — ?

Due to hypertension + arterio-sclerosis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Schlad

Address 447 N. Kenwood Ave Date signed 4/22/41 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 79933

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland,
(b) Street address 315½ Forest
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315½ Forest (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Irene Thomas

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) — — 1901

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Baltimore

16 (a) Informant Mary Thomas
(b) Address 315½ Forest

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brandon
(b) Address 1458 W Montgomery St

19 (a) (Signature of local registrar) Huntington Wilson

APR 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1941, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to April 19 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death Cerebral Apoplexy — Duration 20 days

Due to Nephritis — Duration ?

Due to .....

Other Conditions Arteriosclerosis — Duration 10.

of Heart

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Dan. L. Levey M. D.
Address 1420 E. Chase Date signed April 22 41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 79934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 days
(e) Length of stay in Baltimore (yrs., mos., or days): 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 610 Montgomery Street W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Aaron Weston MYERS

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: 217-03-1926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 18, 1895

8. AGE: Years	Months	Days	If less than one day
46	2	2	hr. min.

9. Birthplace: Calvert County, Maryland (Town, county, and state)
10. Usual Occupation: Stevedore
11. Industry or business:

FATHER
12. Name: William Henry Myers
13. Birthplace: Calvert County, Maryland

MOTHER
14. Maiden Name: Hettie J. Johnson
15. Birthplace: Calvert County, Md.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory: Balto National Cem.
Location: Balto County Md
18 (a) Funeral director: Isaiah L. Brannon
(b) Address: 108 W Montgomery St
19 (a) 3 10 (date rec'd by registrar) (b) Hunter [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20, 1941, at 8:30 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1941 to April 20, 1941, and that I last saw h. im alive on April 20 1941

Immediate cause of death	Duration
Left lobar pneumonia	7 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [signature]
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 4/22/41 M. D.

F 79935

F 79935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 79935 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Campbell Erwin

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Corrine Erwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31 - 1916

8. AGE: Years	Months	Days	If less than one day
25	-	20	hr. min.

9. Birthplace Woodford S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas Erwin
13. Birthplace S.C

MOTHER
14. Maiden Name Dallie Wiley
15. Birthplace S.C

16 (a) Informant Corrine Erwin
(b) Address 1301 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Chester S.C
Location S.C

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date received by registrar) APR 28 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1941, at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1941, to 4-21 1941, and that I last saw him alive on 4-21 1941.

Immediate cause of death	Duration
Lobar Pneumonia	10 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Magruder M. D.
Address President Hospital Date signed 4-21-41

79936 OF 65277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a F 79936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Maria

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Constance

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	29	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation waitor
11. Industry or business unemployed

FATHER
12. Name Theodore
13. Birthplace Greece

MOTHER
14. Maiden Name Adrianna
15. Birthplace Greece

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Rd

18 (a) Funeral director Albert W Berry
(b) Address 440 E North Ave

19 (a) (Signature of local registrar) (b) Thomas J. Williamson, M.D.

APR 23 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941, to 4-21 1941, and that I last saw h[illegible] alive on 4-21 1941.

Immediate cause of death	Duration
Ruptured Diphthelitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-16-41

Major findings of operation: Sand

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Rigdon M. D.
Address Balto City Hosp Date signed 4-21-41

F 79937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

F 79937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 E Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 E Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Wycoff

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Alexander Wycoff
6 (c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) April 21, 1885

8. AGE: Years	Months	Days	If less than one day
56	-	-	hr. min.

9. Birthplace Williamsburg, Pa.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Wyatt
13. Birthplace Williamsburg, Pa.

MOTHER
14. Maiden Name Harriet Field
15. Birthplace Harrisburg, Pa.

16 (a) Informant Clarence Wycoff
(b) Address 1127 E Hoffman St.

17 (a) Burial (b) Date thereof April 25, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williamson
(b) APR 23 1941 Hodgkinson & Williamson, Inc.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21/41 19 . at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1941, to 4/21 1941, and that I last saw h[illegible] alive on 4/21 19 41.

Immediate cause of death
Cardiac Failure -
Due to Embolism -
Liquefaction of Heart
Due to Bronchopneumonia
Other Conditions None
(Include pregnancy within 3 months of death)

Duration
3 hrs
1 Month
2 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Louise Young M. D.
Address 1100 Druid Hill Ave Date signed 4/22/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 79938

JN 12711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3

F 79938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Oak St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hy. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/27/1869

8. AGE: Years	Months	Days	If less than one day
71	4	24	hr. min.

9. Birthplace Alexandria, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Grant
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) APR 22 1941 (Date received by registrar) Thurlington Williams, M.D. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21-1941, at 2.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4-1934 to 4-21-1941, and that I last saw h[illegible] alive on 4-21-1941

Immediate cause of death	Duration
Bronchopneumonia	?
Carcinoma of the Cervix	?
Due to	
Due to Gen. A.S.	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 4-22-41

VS 3

F 79939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 79939

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 E Walsh
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs 14

2. USUAL RESIDENCE OF DECEASED: 1635 E Walsh
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1625 E Walsh (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm Gibbs

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-05-3534

4. Sex Male | 5. Color or race col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie B. Gibbs
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 23, 1908

8. AGE: Years 33 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Geo. Gibbs
13. Birthplace Ga.

MOTHER
14. Maiden Name Rosa Holler
15. Birthplace Ga.

16 (a) Informant Annabelle Gibbs
(b) Address 1635 E Walsh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm J. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) APR 23 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, 2 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 4 1941 to April 20 1941 and that I last saw h alive on April 20

Immediate cause of death — Duration
Pulmonary
Due to T. B.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mark E. Hagood
Address 627 Schroeder St. 4/24/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1930

F 79940
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N. Carrollton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No 710 N. Carrollton Ave
(If rural give location)
(c) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Rev. Samuel A. Virgil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ellen Virgil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1882

8. AGE: Years	Months	Days	If less than one day
58 59	8	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation West Indies
11. Industry or business

FATHER
12. Name Samuel Virgil
13. Birthplace W. I.

MOTHER
14. Maiden Name Mary Tucker
15. Birthplace W. I.

16 (a) Informant Rosa Virgil
(b) Address 710 N. Carrollton Ave

17 (a) Burial (b) Date thereof 4-23-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam E. Chase & Son
(b) Address 638 N. Fulton Ave

19 (a) APR 23 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 9 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941 to April 21 1941, and that I last saw him alive on April 21 1941

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 601 N Carrollton Ave Date signed 4/23/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79941 OF 64044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-1

F 79941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Charles Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, ? 1863

8. AGE: Years	Months	Days	If less than one day
75 ?	11	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Mt. Calvary (b) Date thereof April 23, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor St

19 (a) APR 23 1941 Huntington Williams, M.D.
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-1941, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31-1941 to 4-18-1941, and that I last saw h[illegible] alive on 4-18-1941.

Immediate cause of death	Duration
Cardiac failure	7
Emaciation of senile	7
Due to Syphilitic ? Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Aneurism of aorta

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-23-41 M. D.

VS 3

F 79942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 79942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution 6 Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Park Heights Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

15 13

3 (a) FULL NAME Rose Bassin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Morris

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Rebegchuda Blechman
13. Birthplace Russia

MOTHER
14. Maiden Name Gittle
15. Birthplace Russia

16 (a) Informant John R. Bassin
(b) Address 3412 Batenan ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-23-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Anshei Nesin
Location Russdale

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto St

19 (a) — (Date rec'd by registrar) **(b)** — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1941, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1941, to 4/22 1941, and that I last saw h[illegible] alive on 4/22 1941

Immediate cause of death	Duration
Cardiac failure,	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morton Hurst Jr M. D.
Address Sinai Hosp. Date signed 4/23/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hunting to Milbrook

F 79943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 79943

Registered No. .....

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME LEMUEL HALL

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced. .....
6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 1901
8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business .....
FATHER 12. Name Unknown
FATHER 13. Birthplace .....
MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace .....
16 (a) Informant Clarence Hicks
(b) Address 7 S. Central Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans
18 (a) Funeral director Elroy O Wollen
(b) Address 1 W W Pratt St Balto Md
19 (a) APR 23 1941 (b) .....
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1941, at 10 P. M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fracture of base of skull.	2 days
Due to	
Due to	
Other Conditions: Acute alcoholism (history) (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no abnormal

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-15-41
(c) Where did injury occur? home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury fall down stairs at home
23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 4-18-41

VS 6

F 79944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 79944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2445 Lakeview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2445 Lakeview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB LOWENTHAL.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. 212-18-5144

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mamie Lowenthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shoe Salesman.
11. Industry or business

FATHER
12. Name Levi Lowenthal,
13. Birthplace Germany.

MOTHER
14. Maiden Name Theresa Samuels,
15. Birthplace Germany.

16 (a) Informant Mr. Lester Lowenthal,
(b) Address 2445 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/41. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Daniel Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) APR 23 1941 (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd. 1941, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to April 22 1941, and that I last saw him alive on April 1941.

Immediate cause of death Cardiac failure — Duration
Due to Arteriosclerosis
Hypertension
Due to Myocarditis.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Meyer M. D.
Address 2314 W. North Ave. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79945 Registered No.

PERSONS FILING CHANGE, WITH UNDERLINING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 E 41st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 E 41st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced
Female	White	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16th 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	5	5		

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name John Strobel
13. Birthplace Germany.

MOTHER
14. Maiden Name —
15. Birthplace Germany.

16 (a) Informant Mrs Walter Thoma
(b) Address 721 E 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24th 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patt Park Ave

19 (a) (b) (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 19 41 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 41 to 4-21 19 41
and that I last saw h alive on 4-20 19 41.

Immediate cause of death	Duration
(a) Pulmonary Edema	2 days
Due to (b) Cardio Vascular Renal	3 years
Due to (c) Hypertension Hemiplegia	
Other Conditions Acute Cardiac Dilatation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Wm A Pettit M.D.
Address 1701 N Patterson Park Ave Date signed 4/23/41

79946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

156B

Registered No. F 79946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Kernan Hospital for Crippled Children
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Canary Court.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSE JACOB (JAKUBOWSKI)

3 (b) If veteran, name war No

3 (c) Social Security Account No. no

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1927

8. AGE: Years 13 | Months 8 7 | Days 1525 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Joseph Jacob
13. Birthplace Poland

MOTHER
14. Maiden Name Julia Szato
15. Birthplace Poland

16 (a) Informant Julia Jacob (Mother)
(b) Address 2210 Canary Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director Lilly & Zuberbuhler
(b) Address 463 W Lee St.

19 (a) APR 23 1941 (Date received by Registrar) (b) Huntington Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 9 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Ether anesthesia — Duration sudden

Due to Deformity of cervical spine — 2 yrs

Due to Burns, multiple 3rd degree, face + chest — 2 yrs

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 12th, 1939 (Year)
(c) Where did injury occur? Charleston, Orange (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Dress caught on fire from gasoline on wood stove

23. Signature H L Wellemeier M.D.
Medical Examiner.
Date signed 4-23-41

VS 6

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 79947 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S. WOLFE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. WOLFE ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN SETERA

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife AGNES SETERA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 15 1861

8. AGE: Years	Months	Days	If less than one day
79	4	7	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name VALENTINE SETERA
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKOWN
15. Birthplace POLAND

16 (a) Informant JAMES SETERA (SON)
(b) Address 305 S. WOLFE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 25/41 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 405 S. WOLFE ST.

19 APR 23 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH APR. 22 1941. 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 3 1941 to APRIL 22 1941, and that I last saw HIM alive on APRIL 22 1941.

Immediate cause of death	Duration
CARCINOMA OF PROSTATE	?
Due to	DEC. 1938
Due to	
Other Conditions ARTERIOSCLEROTIC, CARDIOVASCULAR DISEASE (Include pregnancy within 3 months of death)	?

Major findings:
Of operations CARCINOMA OF PROSTATE (JOHN HOPKINS HOSP. DEC. 1938)
Of autopsy

PHYSICIAN
? Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Arenga M. D.
Address 209 S. Chester St. Date signed 4/22/41

VS 3

F 79948 ✓ F 79948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6207 Green Spring Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 6207 Green Spring Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie F. Burgess ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Lee Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/20/60

8. AGE: Years 80 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Philip M. Troxell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Duvall
15. Birthplace Md.

16 (a) Informant Minnie A. Smith
(b) Address 6207 Green Spring Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) APR 23 1941 (Date rec'd by registrar) Registrar

VR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 21 1941, and that I last saw her alive on April 19 1941.

Immediate cause of death: Lobar Pneumonia
Due to Hypostatic type
Due to
Other Conditions Age
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration: 5 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Evans M. D.
Address 1211 N 40 St Date signed

395678 F 79949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134 W F 79949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Haiti (b) County W. Indies
(c) City or town Port au Prince (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Haiti - West Indies

3 (a) FULL NAME Dr. Carlos Perez

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Yvette
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-5-82

8. AGE: Years 58 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Haiti - West Indies (Town, county, and state)

10. Usual Occupation Physician - Colonel

11. Industry or business

FATHER
12. Name J Perez
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery or crematory
Location Cul-de-Sac-Prince-Haiti

18 (a) Funeral director Wm. George Kirkland
(b) Address 631 Grand Central Terminal

19 (a) (Date rec'd by registrar) (b) Filed by Wm. George Kirkland, M.D.

APR 29 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr - 22 1941, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1941, to Apr 22 1941, and that I last saw him alive on Apr 22 1941.

Immediate cause of death Shock and hemorrhage — Duration 10 hrs

Due to Nephrectomy, right — 2.

Due to Calculous pyonephrosis — 7.

Other Conditions Medical Student Urinary Tract Infection (Include pregnancy within 3 months of death)

Date of operation 4/21/41

Major findings of operation: Calculous pyonephrosis - Nonfunctioning, marked

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E. Buchland, M.D.
Address Johns Hopkins Hosp. Date signed 4/22/41

F 79950

cc 64917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a F 79950 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1887

8. AGE: Years 53 | Months 8 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Copper (a)
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Gibson (a)
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Laurel
Location Balto.-Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 [illegible] Hunting & Williams M.D.

APR 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-1941, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1941 to 4-20-1941 and that I last saw h-e alive on 4-20-1941.

Immediate cause of death: (a) Cerebral B. Colisepticemia — Duration: 1 yr 2 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-21-41

F 79951 ✓ F 79951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1232 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1232 Argyle Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catharine E. Booker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-2-1875
8. AGE: Years 66 | Months | Days 19 | If less than one day hr. min.
9. Birthplace Washington dc (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Berriel Mitchell
13. Birthplace N. C.
MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ameel Booker
(b) Address 1232 Argyle
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Pk
Location Balto. Co. Md.
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave
19 (a) (Date rec'd by registrar) (b) Registered number

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 21 1941 at 4 M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1941 to Apr 21 1941 and that I last saw living on Apr 21 1941.

Immediate cause of death Chronic interstitial nephritis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Meckel M. D.
Address 1126 Druid Hill Date signed 4-22-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 79952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address. 1806 W Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 W Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Pauline

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife James E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1859

8. AGE: Years	Months	Days	If less than one day
81	10	14	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business at home

FATHER
12. Name Handy Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Bramble
15. Birthplace

16 (a) Informant Laura G Davis
(b) Address 1806 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet.
Location

18 (a) Funeral director Leonard J Rust
(b) Address 5305 Harford Ave.

19 APR 22 1941 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941 at 5-30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Senile	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Hefferle M.D.
Medical Examiner.
Date signed 4/23/41

VS 6

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79953

F 79953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79953

Registered No. 9420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Northway Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert R Bixler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6001

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Emily Baughman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	7	5		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Clarkson Bixler
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Cox
15. Birthplace Maryland

16 (a) Informant Emily Bixler
(b) Address 3011 Northway Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Leonard J Rods
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Filing No. (By registrar)

APR 23 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Lundeen M.D.
Medical Examiner

Date signed 4/23/41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F-79954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore, City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 S. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
George Lehmyre

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name George
13. Birthplace Penn.

MOTHER
14. Maiden Name Barbara Kartch
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Avenue

17 (a) [illegible] MEDICAL SCHOOL (b) Date thereof APR 23 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Md.

19 APR 23 1941 (Date rec'd by registrar) (b) 6492 Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12- 1941, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5- 1941 to 4-12- 1941, and that I last saw him alive on 4-12- 1941.

Immediate cause of death	Duration
Cardiac Failure	?
Due to Q-5. Hy. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Box 60 Lutherville Md. Date signed 4-22-41

79955

BALTIMORE CITY HEALTH DEPARTMENT 61 ✓ E 79955

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5202 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 5202 Gwynn Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline E. Wendell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married~~, widowed, or ~~divorced~~. Widow

6 (b) Name of husband or wife Wm Benj F. Wendell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1864

8. AGE: Years 76 | Months 4 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name John T. Hetzer
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Barbara E Rise
15. Birthplace Md

16 (a) Informant Mrs Irene M. Linthicum
(b) Address 805 W Lanvale Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Certain & Lee
(b) Address 2234 N. Charles St

19 (a) APR 23 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1941, to 4/21 1941, and that I last saw her alive on 4/21 1941.

Immediate cause of death 1) - Coronary Thrombosis. — **Duration** 1 month

Due to

Due to

Other Conditions Diabetes ~~Diabetes~~ Melitus. — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations - None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers
Address 410 E. Liberty Hts Date signed M. D. 4/22/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a ✓ F 79956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E Lemmon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) ~~Single, married~~, widowed, or divorced Widow.

6 (b) Name of husband or wife Geo E Lemmon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22-1866

8. AGE: Years 74 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Chas Griswold
13. Birthplace Md

MOTHER
14. Maiden Name Nancy Johnson
15. Birthplace Md

16 (a) Informant Mrs Estelle M Lemmon
(b) Address 1011 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 25 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Edward Lyde
(b) Address 2327 Lenfant St

19 APR 23 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1941, at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1941 to Apr 23 1941, and that I last saw h[illegible] alive on Apr 23 1941.

Immediate cause of death Coronary thrombus — Duration 4 days
Due to arteriosclerosis ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature [illegible]
Address 3321 Laurel Date signed 4/23/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93-D ✓ F 79957 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bellona Avenue
(c) Hospital or institution: Edgewood Samatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~City of~~ Balto.
(c) City or town Baltimore County (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Ruxton. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Miss Julia Louise Thurston

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-3-1840

8. AGE: Years	Months	Days	If less than one day
92	2 3	23 20	hr. min.

9. Birthplace Oyster Bay, New York (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business School Teacher

FATHER
12. Name William Thurston
13. Birthplace New York

MOTHER
14. Maiden Name Mary Ann Weeks
15. Birthplace New York

16 (a) Informant Mrs. William L. Swan (sister)
(b) Address Chestnut Ave., Ruxton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr/26/41 (month) (day) (year)
(c) Cemetery or crematory Locust Valley Cemetery
Location Locust Valley, L. I. New York

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Avenue.

19 (a) Apr 23 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1941 at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22, 1941 to April 23, 1941. and that I last saw her alive on April 23, 1941.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: ?
Due to Senility
Due to Generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Robert H. Shives
Address Cockeysville, Md. Date signed 4/23/41

79958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. 79958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Argonne Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Anne Eliza Bayley~~ ANNE ELIZA BAYLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	S

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7-1937

8. AGE: Years	Months	Days	If less than one day
3	7	14	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George Bayley
13. Birthplace New Jersey

MOTHER
14. Maiden Name Eliza Collison
15. Birthplace Baltimore

16 (a) Informant Dr. Geo. S. Bayley (Father)
(b) Address 1101 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-24-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Mowbray
(b) Address 108 W. Mt. Ave.

19 (a) Date received by (Registrar) APR 23 1941 (b) Permit issued Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1941, to April 21 1941, and that I last saw h[illegible] alive on April 21 1941.

Immediate cause of death — Duration

Due to Lymphatic Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Edwin Schendel M. D.
Address Mercy Hospital Date signed 4/22/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 D V F 79959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Wentworth Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs

3 (a) FULL NAME Carroll Hollman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4071

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ethel M. Hewett
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1906

8. AGE: Years	Months	Days	If less than one day
34	4	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Martin Hollman
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Ethel Hollman
(b) Address 2636 Wentworth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/41 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial
Location Taylor Ave. Balto Co. Md

18 (a) Funeral director John J. Feeley & Sons
(b) Address 131 W. Lexington St.

19 APR 23 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Barbiturid poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/13/41
(c) Where did injury occur? 2636 Wentworth Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Barbiturid tablets

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 4/22/41

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 79960 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3415 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen E. Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-4981

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Gifford W. Holmes
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 19 1889

8. AGE: Years	Months	Days	If less than one day
52		4	hr. min.

9. Birthplace Williamsport Pa. (Town, county, and state)
10. Usual Occupation Demondstrator
11. Industry or business Proctor Elec. Co.

FATHER
12. Name C. Dunbar Frey
13. Birthplace York Pa.

MOTHER
14. Maiden Name Henrietta Paige
15. Birthplace Unknown

16 (a) Informant Edward Wilson
(b) Address Woodlawn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Harry A. Amacher
(b) Address 4204 Ridgewood Ave.

19 APR 23 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1941, to April 23 1941, and that I last saw h[illegible] alive on April 22 1941.

Immediate cause of death	Duration
Lobar Pneumonia (Right side)	11 days
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E E Nichols Md M. D.
Address Pikesville Md Date signed Apr 23 41

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 79961 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 - E. 29th, St.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4519-Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Louella R. Heisterman

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles Heisterman
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 6/14/1883

8. AGE: Years 57 | Months 10 | Days 7 | If less than one day -- hr. ------ min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Robert Emery Hutchinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Coleman
15. Birthplace Baltimore, Md

16 (a) Informant Miss Emma Hutchinson
(b) Address 311-Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1835 Harford Ave.

19 (a) APR 23 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 21 1941, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1941, to April 21 1941, and that I last saw h-- alive on April - 21 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Arteriosclerosis & Hypertension -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Burke Boyle M. D.
Address 5304 - Hayford Rd Date signed 4/24/41

VS 8

F 3963 163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

Registered No. F 79962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S. Glover (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Ziolkowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-82

8. AGE: Years	Months	Days	If less than one day
59	1	4	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Anthony Guralski
13. Birthplace Poland

MOTHER
14. Maiden Name Konagunda Kalinowski
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) 4/24/41 (Burial, cremation, or removal) (b) Date thereof 4/24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Desmond Hill Road

18 (a) Funeral director John M. Weber
(b) Address 2001 E. Chester Street

19 (a) APR 23 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-21 1941, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1941, to Apr 21 1941, and that I last saw her alive on Apr 21 1941.

Immediate cause of death	Duration
Uremia	3 days
Due to Carcinoma, head of Pancreas	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 2, 1941
Major findings of operation: Carcinoma, head of Pancreas
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 4-21-41

79963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 79963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County King
(c) City or town Brooklyn. (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Broadway. (If rural give location)
(e) If foreign born, how long in U. S. A.? 41 years

3 (a) FULL NAME Molly Drey linger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel Dreylinger
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 10, 1880

8. AGE: Years	Months	Days	If less than one day
60 61	10	13	..... hr. ..... min.

9. Birthplace Rumania (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business Own apt.

FATHER
12. Name Elias Timin
13. Birthplace Rumania

MOTHER
14. Maiden Name ?
15. Birthplace Rumania

16 (a) Informant Claire S. Newman
(b) Address 422 Broadway, Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/41 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. View Park

18 (a) Funeral director Jack Levin Inc.
(b) Address 1532 E. Baltimore St.

19 (a) APR 23 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1941 at 3.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1941, to April 23 1941, and that I last saw her alive on April 23 1941.

Immediate cause of death	Duration
Lobar pneumonia	3 d.
Cardiac failure	
Due to	
Hypertensive H.D.	
Due to	
Other Conditions Arteriosclerosis	
Nephrosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams, M.D.
Address Church Home & Inf. Date signed 4/23/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

79964 cc 63241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F-79964 Registered No.

Please write plainly. Use PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 3 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 N. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marian Skuchko

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1925

8. AGE: Years	Months	Days	If less than one day
15	9	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ernest Kendall
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Oliff
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (b) Huntington Wikiaille, M.D. Registrar

APR 24 1941 Vs.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1941, at 1 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1- 1941, to 4-23- 1941, and that I last saw h[illegible] alive on 4-23- 1941.

	Duration
Immediate cause of death: Bronchopneumonia	?
Due to: ? Subdeltoid Dystocia	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-23-41 M. D.

F 79965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 79965 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Ellerslie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Ellerslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Tiernan

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 10, 1868

8. AGE: Years	Months	Days	If less than one day
73	-	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown Fritsch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. E. Tiernan
(b) Address 3100 Ellerslie
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md
18 (a) Funeral director Pellman & Co.
(b) Address 1217 E. Fayette St.
19 (a) Apr 24 1941 (Signature and title of registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-5-1941, to 4-22-1941, and that I last saw her alive on 4-21-1941.

Immediate cause of death	Duration
Cardio-vascular-renal disease	Indefinite
Due to Arteriosclerosis	
Due to	
Other Conditions Angina pectoris, carotid asthma (Include pregnancy within 3 months of death)	4 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo. B. Appleton M. D.
Address 2801 Harford Ave Date signed 4-22-41

VS 3

79966 OF 65125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 79966 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Sharp Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franklin J. Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Susan (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Martha
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto.

18 (a) Funeral director Isaac L. Rennert Co.
(b) Address 108 W Montgomery St

APR 24 1941 (Date rec'd by registrar) (b) Huntington Ave. Baltimore, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1941 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941, to 4-19 1941, and that I last saw him alive on 4-14 1941.

Immediate cause of death	Duration
Hypostatic Pneumonia	10 days
Due to Carcinoma of Prostate	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Ryden
Address Balto. City Hosp. Date signed 4-24-1941 M. D.

F 79967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 79967 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 946 S. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan E. Knight

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Lester S. Knight
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 27 - 1891

8. AGE: Years	Months	Days	If less than one day
49	10 11	27 26	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Frank Albertson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah Pritchard
15. Birthplace North Carolina

16 (a) Informant Dorothy Yeager
(b) Address 2416 Banner St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25-41 (month) (day) (year)
(c) Cemetery or crematory Bed. Hollywood
Location Elizabeth City N. Carolina

18 (a) Funeral director Charles S. Blacke
(b) Address 742 W. North Ave; Baltimore, Md.

19 (b) Hunting (Date rec'd by registrar) APR 24 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 10:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1941, to April 23 1941, and that I last saw her alive on Apr. 23 1941.

Immediate cause of death Pulmonary Embolism — Duration
Due to Contusion
Due to Ruptured Appendix
Other Conditions Fibroid Uterus
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrenous appendix Fibroid Uterus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Stupik M. D.
Address St. Joseph's Hosp. Date signed 4/23/41

F 79968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-C

F 79968 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Thames St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tony Harzick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant none
(b) Address "

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Baltimore

18 (a) Funeral director E. Leroy Stoffler Inc.
(b) Address 125 E. North Ave

19 (a) (City or county) (b) Huntington Williams, M.D.

APR 24 1941
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1941, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Acute alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandersluft M.D.
Medical Examiner.
Date signed 4/10/41

F 79969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 79969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 764 W. Mulberry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-8860

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Naomi Washington
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 5-5-1900

8. AGE: Years	Months	Days	If less than one day
41	1	16	hr. min.

9. Birthplace Richmond Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Louisa Hrutter
15. Birthplace Virginia

16 (a) Informant Naomi Washington
(b) Address 764 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 25 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Anne Arundel Co. Md

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) APR 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941, to April 21 1941, and that I last saw him alive on April 21 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	1½ yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Watts
Address 513 Lanvale St Date signed 4/24/41 (M. D.)

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 79970 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME William E. Jeffery
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary K. Jeffery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Jeffery.
13. Birthplace

MOTHER
14. Maiden Name Ida Buell.
15. Birthplace ?

16 (a) Informant Mary K. Jeffery.
(b) Address 3620 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Signature of registrar) Huntington Williams M.D.

APR 24 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 41, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 19 41, to April 22 19 41, and that I last saw h~~im~~ alive on April 21 19 41.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas [illegible] M. D.
Address St. Joseph's Hospital Date signed 4/22/41

Dr O'Keefe

F 79971

F 79971 cc 63603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V93-D

Registered No. F 79971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Mcculloh st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1896

8. AGE: Years	Months	Days	If less than one day
44	9	4	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Carter
13. Birthplace Virginia

MOTHER
14. Maiden Name Aster Thompson
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk
Location Baltimore Co. Md.

18 (a) Funeral director Archibald A. Laddis
(b) Address 2101 Mc Culloh st.

19 (a) Filed (Date received by Registrar) APR 24 1941 (b) Registrar

VS 8

MEDICAL CERTIFICATION 50

20. DATE OF DEATH 4-23- 1941, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13- 1941, to 4-23- 1941, and that I last saw h-- alive on 4-23- 1941.

Immediate cause of death	Duration
Bronchopn.	7
Due to Hypertensive C V D	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-23-41 M. D.

F 79972

39 #45 79972

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 47-D

F 79972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 1-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Hamilton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Caldwell
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No. 460-03-6142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Georgia
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 2-3-93

8. AGE: Years	Months	Days	If less than one day
48	2	21	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Cotton Merchant
11. Industry or business Brandt Rodgers & Co

FATHER
12. Name George Morrison
13. Birthplace Va

MOTHER
14. Maiden Name Sara Baynes
15. Birthplace Va

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Houston, Texas

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.

19 (a) Date rec'd by registrar (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-24- 1941. at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17- 1941, to 4-24- 1941, and that I last saw h[illegible] alive on 4-24- 1941.

Immediate cause of death	Duration
Carcinoma of left lung.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation March 25, 1941

Major findings of operation: Carcinoma left lung

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M.D.
Address Baltimore, Md Date signed Apr 24 1941
Johns Hopkins Hospital

F 79973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106-B F 79973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 N Clinton St
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas J Morgan

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-1283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Stella Morgan
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct 6 1900

8. AGE: Years	Months	Days	If less than one day
40	6	17	hr. ..... min.

9. Birthplace Woodbury Md (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER
12. Name David W Morgan
13. Birthplace Wales

MOTHER
14. Maiden Name Sarah Kurtz
15. Birthplace Baltimore

16 (a) Informant Stella Morgan
(b) Address 31 N Clinton St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 25 41 (month) (day) (year)
(c) Cemetery or crematory Woodbury Md
Location

18 (a) Funeral director John Ulrich
(b) Address 200 E Lexington

APR 24 1941 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 7:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941, to April 23 1941, and that I last saw h alive on April 23 1941.

Immediate cause of death	Duration
Multiple Abscesses of the Lungs	one
Due to Chronic Bronchitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kraemer M. D.
Address St Joseph's Date signed 4-23-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/61

F 79974

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-2
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Harford Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME Otto Schmidt

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-03-0935

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Massicot

6 (c) If alive, give age: 60? years

7. Birth date of deceased (mo., day, yr.): June 14.1875

8. AGE: Years 65 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Contact man, Maryland

11. Industry or business: Casualty Clinic

FATHER
12. Name: Christian Schmidt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Emilie Toebke
15. Birthplace: Germany

16 (a) Informant: Mrs. Margaret M. Schmidt
(b) Address: 4204 Harford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 24. 1941 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: Baltimore & Broadway.

19 (a) APR 24 1941 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941 at 1 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941, to April 22 1941, and that I last saw h[illegible] alive on April 22 1941.

Immediate cause of death: Diabetic Coma — Duration: 3 days

Due to: Diabetic gangrene of foot.

Other Conditions: Cer. cerebral hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible]
Address: [illegible] Date signed 4/22/41

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 79975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd
(c) Hospital or institution: Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Cedric Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AUGUST JOHN LOESER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1854

8. AGE: Years	Months	Days	If less than one day
86	10	1	hr. min.

9. Birthplace Erfurt, Germany (Town, county, and state)
10. Usual Occupation Retired Advising Engineer
11. Industry or business Consolidated Gas Co.

FATHER
12. Name John Loeser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. John H. Lentz
(b) Address 4400 Belle Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1941, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to April 23 1941, and that I last saw him alive on April 22 1941.

Immediate cause of death: Carcinoma (about) of prostate gland. — Duration 2 yrs.
Due to
Due to Carcinoma of prostate. — about 2 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dubbert
Address 2220 Harlem Ave. Date signed Apr 24 41. M. D.

F 79976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 79976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4323 Belvieu Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4323 Belvieu Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SALLIE MURRAY ULLRICH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widow

6 (b) Name of husband or wife John J. Ullrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1860

8. AGE: Years	Months	Days	If less than one day
80 75	4	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Jesse H. Murray
13. Birthplace Carroll Co. Maryland

MOTHER 14. Maiden Name Amelia Tracy
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Effie I. Murray
(b) Address 4323 Belvieu Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 24 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1941, at 3.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1941, to Apr 22 1941, and that I last saw h[illegible] alive on Apr 22 1941.

Immediate cause of death	Duration
Mitral Insufficiency	?
Due to	
Due to Cerebral Hemorrhage	10-12-38
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Buker M. D.
Address 4323 Belvieu Ave. Date signed 4/24/41

VS 2

F 79977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 79977 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St

(c) Hospital or institution: St Joseph's

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County

(c) City or town md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 908 Shields St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Warren Lee

3 (b) If veteran, name war W. W.

3 (c) Social Security Account No. 219-01-2812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	

6 (b) Name of husband or wife Estella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1890

8. AGE: Years	Months	Days	If less than one day
50	4	21	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Estella Lee

(b) Address 908 Shields St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)

(c) Cemetery or crematory National

Location

18 (a) Funeral director Thomas E. Kelson

(b) Address 1342 Presstman St

19 (a) APR 24 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1941, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1941, to 4-23 1941, and that I last saw him alive on 4-23 1941.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Consolidation R & Lower Lobes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Kysaak M. D.

Address St Joseph's Date signed 4-23

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79978

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 105
(e) Length of stay in Baltimore (~~yrs., mos.~~, or days) 105

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (RURAL) GLYNDON
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? N.m. (Yes or No)
If yes, name country

3 (a) FULL NAME Gordon Sutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. infant

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/22/1938

8. AGE: Years 2 | Months 10 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Sparks (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Gordan A. Sutton
13. Birthplace Balto. Co.

MOTHER 14. Maiden Name Violet Smith
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth Sell
(b) Address Sparks, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 26, 41 (month) (day) (year)
(c) Cemetery or crematory Clynmalira
Location Glyndon, Md.

18 (a) Funeral director Lazdon M. Brooks
(b) Address Sparks, Md.

19 (a) APR 24 1941 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1941, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1941, to 4/23 1941, and that I last saw him alive on 4/22 1941.

Immediate cause of death	Duration
Septicemia	
Due to Lung abscesses - Rt	110 hrs
Due to Bacterial Endocarditis	
Due to Pneumonia	one
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Lung abscess, Tricuspid Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Lloyd Jr. M.D.
Address University Hosp. Date signed 4/24/41

VS 8

396149 F 79979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 79979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 S Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Kaniecki (KANIECKI)
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-25-86
8. AGE: Years 54 Months 10 Days 28 If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Henry Kaniecki
13. Birthplace Poland
MOTHER 14. Maiden Name
15. Birthplace Poland
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 E. Baltimore St.
19 (a) APR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23 1941, at 9:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1941 to Apr. 23 1941 and that I last saw him alive on Apr. 23 1941.

	Duration
Immediate cause of death: ? Cerebral hemorrhage	
? Pulmonary embolism	
Due to	over
Due to	
Other Conditions: Pulmonary emphysema, G.I. hemorrhage, site unknown (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
M. D. Signature M. A. Tierney
Address Johns Hopkins Hosp. Date signed 4-23-41

VR 3

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 79980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 79980 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1900

8. AGE: Years	Months	Days	If less than one day
41	2	17	20 hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Det
11. Industry or business Detective

FATHER
12. Name James
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Woodside
15. Birthplace Md.

16 (a) Informant Mrs. W. J. Richardson
(b) Address 2708 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat. Rd.
Location Frederick Rd.

18 (a) Funeral director J. F. McCurley
(b) Address 1346 Pratt St Huntington Station, Md.

19 (c) APR 24 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1941, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1941 to 4/22 1941 and that I last saw him alive on 4/22 1941

Immediate cause of death Acute Cardiac Failure — Duration

Due to

Due to Rheumatic
L. V. D.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. [illegible] M. D.
Address Date signed

VS 3

F 79981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A

F 79981 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5108 York Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 79 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5108 York Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? -------- years

3 (a) FULL NAME Helen T. Bokel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife J. Anton Bokel
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 30, 1862

8. AGE: Years	Months	Days	If less than one day
79	0	22 23	-- hr. -- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Patrick Gallagher
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Cunningham
15. Birthplace Ireland

16 (a) Informant Miss Martha Bokel
(b) Address 5108 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Govans

18 (a) Funeral director H. W. Meares my Son
(b) Address 805 N. Calvert Street

19 (a) APR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1930, to April 23 1941.
and that I last saw h alive on April 22 1941.

Immediate cause of death	Duration
Arteriosclerosis	1 yr 0
Chron Myocarditis	1 yr 0
Due to Chron Lft. Nephritis	1 yr 3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Bishop M. D.
Address 801-803 Shenandoah Date signed April 23

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79982 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland Avenue
(c) Hospital or institution: Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME SARAH M. BYRNE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1846

8. AGE: Years 94 | Months 8 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace County Wicklou, Ireland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Edward Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Katie Cullen
15. Birthplace Ireland

16 (a) Informant Miss Agnes Powers
(b) Address 114 W. Franklin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Thos J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave.

19 (a) [illegible] (b) [illegible] Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 3 45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/4/40 19 to 4/23/41 19, and that I last saw h[illegible] alive on 4/23/41 19.

Immediate cause of death
Arteriosclerotic Cardio Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Fennell M. D.
Address 4/24/41 Date signed 4/24/41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79983

F 79983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda S. Blum

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Robert H. Blum
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 20th 1874

8. AGE: Years	Months	Days	If less than one day
66	9	3	hr. min.

9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Schoeneman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Nichols
15. Birthplace: Unknown

16 (a) Informant: Robert H. Blum
(b) Address: 2120 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Balto. Co. Md.

18 (a) Funeral director: William Groh
(b) Address: 120 S. Eutaw St

19 (a) APR 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1941, at 10:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15th 1941 to April 23 1941, and that I last saw her alive on April 23 1941.

Immediate cause of death: Coronary Thrombosis — Duration 8 days
Due to: Hypertension and Chronic Cortitis.
Due to: Pneumonia —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Amanda E Link
Address 2211 Lake Ave Date signed 4/23/41 M.D.

VS 3

79984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-D

Registered No. E 79984

SS 65147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. 22½ St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Joseph Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/23/1890

8. AGE: Years	Months	Days	If less than one day
50	5	20	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Harold Williams
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address B. C. Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 24 1941 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1941, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1941, to 4-13 1941, and that I last saw him alive on 4-12 1941.

Immediate cause of death	Duration
Due to Intestinal Obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-11-41

Major findings of operation: Intestinal obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Ryden M. D.
Address Baltimore City Hosp Date signed 4-15-41

VS 2

6436

7985

HEALTH DEPARTMENT—CITY OF BALTIMORE

7985

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. (Ward).

Registered No. F26949

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Baker

If U. S. Veteran specify WAR Birth

(a) Residence: No. 256 Edmondson Ave. St. West Baltimore General Hosp. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17, 1941

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Baltimore General Hosp.

FATHER

13. NAME Dalton Baker

14. BIRTHPLACE (city or town) (State or country) Williamsport, Pa.

MOTHER

15. MAIDEN NAME Florence E. Baker

16. BIRTHPLACE (city or town) (State or country) Watertown, N.Y.

17. INFORMANT Mrs. Florence Baker

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 24 1941

Commissioner of Health

19. UNDERTAKER APR 24 1941

(Address) Per H. A. Moore

20. APR 24 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 17 1941 to April 21 1941

I last saw him alive on April 21 1941. Death is said to have occurred on the date stated above, at 1A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	?
Anemia—	4 days.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leonard E. Blumenthal, M.D.

(Address) West Baltimore General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6434

79986

HEALTH DEPARTMENT—CITY OF BALTIMORE

79986

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran Specify WAR ... Baltimore

2. FULL NAME Baby Girl Raitzyk 4202 Parkwood Ave

(a) Residence: No. West Baltimore General Ward (If non-resident give city or town and State)

(Usual place of abode)

F 26765

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1941

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Melton Raitzyk

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Irene Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Irene Raitzyk.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 24 1941

19. UNDERTAKER Commissioner of Health

(Address)

20. FILED APR 24 1941, 19 ... M. A. Moore Huntington Williamsburg, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1941 to April 17, 1941

I last saw h... alive on April 17, 1941 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Leonard E. Blumenthal M. D.

(Address) West Baltimore General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64-37

79987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 35

F 79987 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ranford Rd & Herring Run
(c) Hospital or institution: Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 32 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Owens Birth F 28027

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/41

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gutmann
13. Birthplace

MOTHER
14. Maiden Name Hazel Owens
15. Birthplace Searcy Crook, Md.

16 (a) Informant Mother
(b) Address Phoenix, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 24 1941 COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

6435

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1941 at 10 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1941 to 4/13 1941 and that I last saw him alive on 4/13 1941.

Immediate cause of death — Duration

Pneumonia — 24 hrs

Due to Varicella — ovr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Varicella complicated by Pneumonia due to measles

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Myron B. Gean, M.D.
Address Phoenix, Md. Date signed 4/23/41

79988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. F 79988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5210 Catalpha Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5210 Catalpha Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lillian Jones

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 1176

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, ~~widowed, or~~ divorced: Married

6 (b) Name of husband or wife: Harry C. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1864

8. AGE: Years 77 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Westminster Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name William Bernard
13. Birthplace Md

MOTHER
14. Maiden Name Sabilla Zepp
15. Birthplace Md.

16 (a) Informant Charles F. Kolb
(b) Address 5210 Catalpha Rd

17 (a) Burial (b) Date thereof 4/26/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St
(c)
(Date rec'd by registrar) APR 25 1941 (d) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1941 at 12:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 21 1941 to Apr 24 1941 and that I last saw h[illegible] alive on Apr 23 1941.

Immediate cause of death: Bronchio pneumonia — Duration: 3 days
Due to: Myocarditis — 7
Due to: — 7
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Bagli
Address 6077 Harf. Rd Date signed 4/25/41

VS 2

F 79989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 79989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 Hudson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Hudson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Agnes Ziemkowska

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife: Walter
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67.			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant Lotta Wojcik
(b) Address 2621 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4-26-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germany Hill Rd

18 (a) Funeral director John J. Wenda
(b) Address 2829 Hudson St

APR 24 1941 (Date received by Registrar) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22 19 , at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 1941, to Apr 22 1941, and that I last saw h i alive on Apr 21 1941.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Hypertensive C.V. Disease.	
Due to: Cerebral Hemorrhage	4-17-41.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eastburn M.D.
Address 512 N. Eastern Date signed 4-23-41

F 79990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 79990

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 - 4 - 7
(e) Length of stay in Baltimore (yrs., mos., or days) 36 - 4 - 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

28d

3 (a) FULL NAME Sister Anastasia Dillon (Catherine Dillon)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	16	hr. min.

9. Birthplace Philadelphia, Penna (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Charles Dillon
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Hallinger
15. Birthplace Ireland

16 (a) Informant Records of Mount Hope
(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 41 (month) (day) (year)
(c) Cemetery or crematory Mount Hope Cemetery
Location Mount Hope Retreat, City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. MOWEN SUC.) 103 N. NORTH AVENUE

19 (a) APR 24 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Apr. 23 1941, and that I last saw her alive on Apr. 23 1941.

Immediate cause of death Carcinoma to skin Generalized — Duration 2 years

Due to Carcinoma of Right Breast. operated for same June. 1939.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 536 [illegible] Date signed

VS 3

Please write plainly. Cross out incorrect answers. Fill in all blanks. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 79991

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severna Park, Anne Arundel Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy League. Birth # F 29130

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/21/41

8. AGE: Years	Months	Days	If less than one day
			6 hr. 30 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Arthur League.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bessie Bassford.
15. Birthplace Virginia

16 (a) Informant Arthur League
(b) Address Severna Park, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 24 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per L. A. Moore

19 (a) APR 24 1941 (Date rec'd by registrar) Registrar 6485

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1941, at 7.39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1941, to April 21 1941, and that I last saw h[illegible] alive on April 21 1941.

Immediate cause of death	Duration
Atelectasis of Lung. Prematurity.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Bernstein M.D.
Address 1066 N. [illegible] Date signed 4/21/41

VS 8

Please write plainly, with pen and black ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

79992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 79992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. Crain Highway Glen Burnie
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Saumenig

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Ida E. Saumenig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 3, 1864

8. AGE: Years 76 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace: Maryland, Baltimore
(Town, county, and state)

10. Usual Occupation: Grocerer - Self

11. Industry or business: Retired

FATHER
12. Name: Frederick Saumenig
13. Birthplace: Ger. Balto.

MOTHER
14. Maiden Name: Mary Joseph Wilson
15. Birthplace: Balto.

16 (a) Informant: Miss Ida Van Fosson
(b) Address: Crain Highway, Glen Burnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) APR 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1941, at 12 07 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941 to 4-24 1941, and that I last saw him alive on 4-24 1941.

Immediate cause of death	Duration
(a) Uraemia - Chronic Cardio-Vascular	
Due to Chronic Diffuse Glomerulo Nephritis	
Due to Diabetes Mellitus	
Due to Acute Infection	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Huntington Williams M. D.
Address: Balto. Md. Date signed 4/24/41

VS 8

79993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. E 79993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1543 Cole St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACK THOMAS BROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-0216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1923

8. AGE: Years	Months	Days	If less than one day
17	11	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Wood-worker

11. Industry or business Franklin Parlor Frame Co.

FATHER
12. Name Lester O. Brooks, Sr.
13. Birthplace Baltimore County, Maryland

MOTHER
14. Maiden Name Clara Elizabeth Meyers
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Lester O. Brooks, Sr.
(b) Address 1543 Cole Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Ant. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Thos. J. Fielden & Sons
(b) Address 401 North End Penn. Ave.

19 (a) [illegible] by [illegible] (year) Huntington Williams, M.D.

APR 24 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of cord	
Due to Fracture of 6th cervical spine	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laceration on neck reveals fracture
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 24, 1941
(c) Where did injury occur? Marley Creek, Anne Arundel Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bathing While at work? No (Specify type of place)
(e) Means of injury Drowning in shallow water

23. Signature H. Z. Williams-Baker M.D. Medical Examiner.
Date signed 4-24-41

and attend head on table

79994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 79994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 Oakland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town 525 Oakland Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lily Mae Graf
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife John Graf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 - 1888

8. AGE: Years	Months	Days	If less than one day
52	10	13	hr. min.

9. Birthplace Charlottsville Va -
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry A. Townsend
13. Birthplace Brooklyn New York

MOTHER
14. Maiden Name Bettie Virginia Tyler
15. Birthplace Augusta Co Va.

16 (a) Informant John Graf
(b) Address 525 Oakland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore Md.

18 (a) Funeral director Marne Cook Burial
(b) Address 1600 W. North ave

19 APR 24 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1941 at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to April 1941 and that I last saw him alive on 4-23 1941.

Immediate cause of death Cardiac Failure
Due to Cancer of the Lungs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: Several years

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 4-14-41

VS 8

F 79995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 79995

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3403 Hilton Road

(c) Hospital or institution: W. Baltimore Gen'l Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 3403 Hilton Rd (If rural give location)

15-11

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Rudolph C. Knabe

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-12-2316

4. Sex M. | 5. Color or race W. | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife Emma L. Knabe

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 21-1872

8. AGE: Years 69 | Months 2 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Balto-Md (Town, county, and state)

10. Usual Occupation Painter.

11. Industry or business

FATHER 12. Name Fred Knabe

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Mary Haresch

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs Emma L. Knabe

16 (b) Address 3403 Hilton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26-1941 (month) (day) (year)

17 (c) Cemetery or crematory Loudon Park.

Location Balto Md

18 (a) Funeral director Leitam & Pope

18 (b) Address 2224 N. Fulton Ave.

19 (a) APR 24 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1941, at 4.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1941, to 4-23 1941, and that I last saw h[illegible] alive on 4-23 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Cerebral Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Leonard E. Blumenthal M. D.

Address W.B.G.H. Date signed 4/25/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 79996

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E. 20th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry S. Weaver

3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar - 30 - 38

8. AGE: Years 3 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Bedford Co Pa (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Weaver
13. Birthplace Lockhaven Pa

MOTHER
14. Maiden Name Louemma Mort
15. Birthplace Bedford Co. Pa

16 (a) Informant Walter Weaver
(b) Address 423 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/41 (month) (day) (year)
(c) Cemetery or crematory Duvalls Cem
Location Bedford Co Pa

18 (a) Funeral director Albert W. Swigart
(b) Address 440 E north St

19 APR 24 1941 Registrar Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941, to April 24 41, and that I last saw h alive on April 22 1941.

Immediate cause of death — Duration
Spastic Paralysis — Life
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald S. Lowry M. D.
Address 414 E. Roth Ave Date signed April 24, 41

VS 3

Correct name, address, and other information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 79997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

✓ F 79997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Rayner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth Rayner
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace New Port News, Va (Town, county, and state)

10. Usual Occupation
11. Industry or business Barber

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Rayner
(b) Address 1432 Orleon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 27 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 25 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 2:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Hilpirich M.D. (Medical Examiner)
Date signed 4/28/41

F 79998

Armed Shorts ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-D

F 79998 Registered No.

Every item of information should be carefully supplied. The space where marked, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. expect age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 134 W. Hill St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 134 W Hill St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Armel Shorts

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col	Married

6 (b) Name of husband or wife Adrian Shorts

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr 29 1884

8. AGE: Years	Months	Days	If less than one day
55 54			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business —

FATHER

12. Name Henry Mitchell

13. Birthplace Md

MOTHER

14. Maiden Name Lucinda Clark

15. Birthplace Md

16 (a) Informant Adrian Shorts

(b) Address 134 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 - 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director James A Stayer

(b) Address 142 W Hill St

19 (a) Apr 1941 (b) Date registered Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941, to Apr 23 1941, and that I last saw h— alive on Apr 23 1941.

Immediate cause of death	Duration
Carcinoma Uteri	6 mos
Due to —	
Due to —	
Other Conditions Anemia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D T Hamel

Address 665 W Baltimore Date signed 4/24/41 (M. D.)

F 79999 ✓ X F 79999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 19-2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith Birth F 16353

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-1941

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm R Smith
13. Birthplace Balto

MOTHER 14. Maiden Name Hattie E. Perkins
15. Birthplace Balto

16 (a) Informant
(b) Address Pikesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts

19 APR 7 1941 (Signature) Huntington Williams, M.D. Registrar
APR 8 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1941, at 2:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6, 1941, to April 7, 1941, and that I last saw h. l. M alive on April 7, 1941.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 4/7/41

Please write plainly, with INDELIBLE INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 80000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3241 Kingsley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3241 Kingsley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Spies

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late John H. Spies
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1869.

8. AGE: Years	Months	Days	If less than one day
71	8	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Jacob Leffet
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Harry Dalles,
(b) Address 703 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 Edmondson Ave.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

APR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Apr 22 1941, and that I last saw [illegible] alive on Apr 22 1941.

Immediate cause of death: Carcinoma of Gall Bladder ? — Duration ?

Due to

Due to

Other Conditions Cardiac decompensation ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Lynch

Address 3321 Lanvale St. Date signed 4/24/41 D.

F 80001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Walsh

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1864

8. AGE: Years	Months	Days	If less than one day
76	8	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name James Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Malloy
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 12 00 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Reba Wiedefeld
(b) Address 914 Gwynns Falls Pkwy

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 12.45p. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941, to April 24 1941, and that I last saw him alive on April 24 1941.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Cerebral Hemorrhage	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North Ave Date signed April 24 1941

F 30002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 30002 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Klompus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Married

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years: 29 | Months | Days | If less than one day: hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Henry Klompus

13. Birthplace: Russia

MOTHER 14. Maiden Name: Bertha Levy

15. Birthplace: Russia

16 (a) Informant: Henry Klompus

(b) Address: 1205 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-41 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn Rd.

Location: Sandedrone Md.

18 (a) Funeral director: Jack Levin Inc

(b) Address: 1439 E. Baltimore St

19 (a) APR 25 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 8:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-24-41
(c) Where did injury occur? 205 Greenmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Burning of bedding etc

23. Signature: Harold Gross M.D. Medical Examiner.

Date signed 4/24/41

VS 6

F 30003

F 80003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H Registered No. F 80003

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Wally Klompus

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh.	Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Meyer Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Celty
15. Birthplace Russia

16 (a) Informant Henry Klompus
(b) Address 1205 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-41 (month) (day) (year)
(c) Cemetery or crematory Wash. Boy. Location Londondown Hgts.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore

19 (a) APR 25 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941 at 8 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiating gas poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/24/41
(c) Where did injury occur? 1205 Greenmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from heating stove

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 4-29-41

VS 6

F 80004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80004

CERTIFICATE OF DEATH

83-B

1. PLACE OF DEATH Levindale — Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 27-17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth 35 yrs. ___ mos. ___ da.

2. FULL NAME Herman Hoffman — If U. S. Veteran specify WAR _____

(a) Residence: No. Greenspring & Belvedere Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Hoffman

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
93			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Von Kraus
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Von Kraus
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Steinberg
(Address) Greenspring & Belvedere

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 4/28/41, 19

19. UNDERTAKER Jack Levin Co.
(Address) 1439 E. Baltimore St.

20. APR 25 1941 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1941 to 4-25, 1941

I last saw him alive on 4-25, 1941. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	4-21-41
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 80005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 80005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Prestman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Prestman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert E. L. Mullen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-0588

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine A.
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1875

8. AGE: Years	Months	Days	If less than one day
65	5	11	hr. min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business New Amsterdam Casualty

FATHER
12. Name Jacob D. Mullen
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Widdow
15. Birthplace Maryland

16 (a) Informant Jacob E. Mullen
(b) Address 3316 Spalding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director H. Herman Kahn
(b) Address 2301 Edmondson Ave.

19 APR 25 1941 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 9.21 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1940 to April 23 1941 and that I last saw h[illegible] alive on April 23 1941 at 9 a.m.

Immediate cause of death	Duration
Carcinoma of Lung (Primary)	about 1 yr.
Due to Diagnosed by X Ray	
Due to Carcinoma of Lung	about 1 yr. 3 mo.
Other Conditions secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Stella Stuart M. D.
Address 2220 Garrison Blvd. Date signed Apr 24-41

VS 3

80006
393382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80006
Registered No. 137-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Newyork (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 W. 83rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James William Chapman

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife. Caroline
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 7-25-76

8. AGE: Years	Months	Days	If less than one day
64	8	30	29 hr. min.

9. Birthplace N.Y. (Town, county and state)
10. Usual Occupation News Stand
11. Industry or business

FATHER
12. Name James Chapman
13. Birthplace N.Y.

MOTHER
14. Maiden Name Carrie Burke
15. Birthplace N.Y.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/25/41 (month) (day) (year)
(c) ~~Cemetery~~ crematory Fresh Pond
Location New York City

18 (a) Funeral director John O. Mitchell & Sons Sons
(b) Address 1600 Eutaw Place, Balto.

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1941 5:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941 to 4-24-1941 and that I last saw h[illegible] alive on 4-24-1941.

Immediate cause of death Pulmonary Embolism — Duration 2 hrs.

Due to

Due to

Other Conditions Intestinal ileus — 5 days

(Include pregnancy within 3 months of death)

Date of operation 2/26/41 and 4/12/41

Major findings of operation: Ulcer of Bladder Benign Prostatic Hypertrophy

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E Burkland M.D.
Address J. H. H. Date signed 4/29/41

F 80003

F 80007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-9 Registered No. F 80007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORG BERNHARD MEYER

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1873

8. AGE: Years	Months	Days	If less than one day
67	8	–	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Artist
11. Industry or business

FATHER
12. Name V.
13. Birthplace Germany ?

MOTHER
14. Maiden Name
15. Birthplace Germany ?

16 (a) Informant Rosege L. Coffman
(b) Address 409 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Fredericks ave. Balto Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) APR 25 1941 (Date rec'd by registrar) Thurlow Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 10 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Malnutrition (avitaminosis)	
Due to Chronic alcoholism	
Due to	
Other Conditions Arteriosclerosis general	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 4-24-41

VS 6

F 80008

OF 64863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 80008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 697 Pierce street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1902

8. AGE: Years	Months	Days	If less than one day
38	4	9	hr. min.

9. Birthplace North Caroline (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace N. C.

MOTHER
14. Maiden Name Betty Powell
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 26 41 (month) (day) (year)
(c) Cemetery or crematory Henderson N.C.
Location Henderson N. Carolina

18 (a) Funeral director William A. Jackson
(b) Address 916 Penn Ave

19 (a) APR 25 1941 Huntington Williams, M.D. Registrar
(b) Filed APR 25 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1941, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941, to 4-24 1941, and that I last saw him alive on 4-22 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Asphyxia	?
Due to Hypertension C.V.D.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Ex abus	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 4-25-41

80009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 80009

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2730 Eastwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 Eastwood ave
(If rural give location)
(e) Citizen of foreign country? ~ (Yes or No)
If yes, name country

3 (a) FULL NAME Sara Nenhauser

3 (b) If veteran, name war ~
3 (c) Social Security Account No. ~

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Simon
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) 8-15-1823
8. AGE: Years 67 | Months 8 | Days 9 | If less than one day: hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Samuel J. Watkins
13. Birthplace Poland

MOTHER
14. Maiden name Hannah Fagg Reed
15. Birthplace Poland

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-41 (month) (day) (year)
(c) Cemetery or crematory H. E. Cemetery
Location Baltimore St

18 (a) Funeral director Jack Levin & Co
(b) Address 1439 E. Baltimore St

19 APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1941, at 9300 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 41 to April 24 41, and that I last saw her alive on April 23 1941.

Cause	Duration
Immediate cause of death: Myocardial Insuff.	D. K.
Due to: arterio-sclerosis	"
Due to: Diabetes	"
Other Conditions: ~	

(Include pregnancy within 3 months of death)
Date of operation ~
Major findings of operation: ~
of autopsy ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at M
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work?
(e) Means of injury ~

23. Signature Herman Seidel M.D.
Address 2404 Eutaw Pl Date signed 4/24/41

VS 8

F 80010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-D

F 80010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N. Belnord Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Catherine J. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-01-6893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Louis J. Jones
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 18, 1888

8. AGE: Years	Months	Days	If less than one day
53	—	5	hr. — min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Packing House (Hourly)
11. Industry or business Mfr. Y.E. & Dem. Oysters Packed

FATHER
12. Name Michael Zamenske
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth Balter
15. Birthplace Poland

16 (a) Informant Louis J. Jones
(b) Address 700 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave Rd.

18 (a) Funeral director Stanley J. Fralkowski
(b) Address 1000 N. Kenwood Ave

19 (a) APR 25 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1941, at 8:40 p. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19, 1941, to April 23, 1941, and that I last saw h.e.r alive on April 23, 1941.

Immediate cause of death Cardiac Insufficiency

Due to Bacterial Endocarditis - streptococcus viridans

Due to —

Other Conditions Meningitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy Mitral endocarditis Meningitis

Duration
10 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 4/23/41
M. D.

F 80011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1183

F 80011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES W. VESTE

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-12-6154

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Nannie

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) May 27 1918

8. AGE: Years	Months	Days	If less than one day
22 23	11	3	hr. min.

9. Birthplace Bumpas Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business →

FATHER
12. Name Chas Veste
13. Birthplace Bumpas Va

MOTHER
14. Maiden Name Peart Jackson
15. Birthplace Bumpas Va

16 (a) Informant Marie Veste
(b) Address 2079 13 St N.W. Washington D.C.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 4 | 27 | 41 (month) (day) (year)

(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Joseph R Drew Son
(b) Address 1084 W Montgomery St

19 (a) 4-25-41 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning,	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no abnormal

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-24-41 4 P.M.
(c) Where did injury occur? Pier No 5 Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Lost balance and fell from Pier

23. Signature W. L. Wallenmeier M.D. Medical Examiner.
Date signed 4-24-41 in harbor. No Boat

VS 6

F 80012 F 80012

F 80012
39751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
52-B Registered No. F 80012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Harvey Fite

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Mary V. Fite
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1868
8. AGE: Years 72 | Months 5 | Days 13 | If less than one day: hr. min.
9. Birthplace: Pa., York (Town, county and state)
10. Usual Occupation: Retired Inspector
11. Industry or business: P. R. R.

FATHER
12. Name: Franklin Fite
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Arabelle Martin
15. Birthplace: Pa.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1941, at 1140 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941 to 4-23 1941, and that I last saw him alive on 4-23-1941

	Duration
Immediate cause of death: Uraemia	?
Carcinoma of Urinary Bladder	?
Due to	
Due to	
Other Conditions: Cachexia - Anemia	
(Include pregnancy within 3 months of death)	
Date of operation: none	
Major findings of operations:	
of autopsy: Carcinoma of Bladder	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Carl E Buckland, M.D.
Address: J H H Date signed 4/24/41

VS 3

F 80013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 80013
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2508 Roslyn Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Roslyn Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ETHEL B. KEITZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ernest H. Keitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	23	hr. min.

9. Birthplace Northampton Co., Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thaddeus K. Martin
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie C. Daughty
15. Birthplace Virginia

16 (a) Informant Mr. Ernest H. Keitz
(b) Address 2508 Roslyn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1941, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Apr 24 1941, and that I last saw her alive on Apr 24 1941.

Immediate cause of death	Duration
(a) Pulmonary Edema & Cardiac Asthenia	2 days
Due to (b) Carcinoma of Uterus, Bladder and Rectum	about 2 1/2 yrs
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March 1939
Major findings of operation: Carcinoma of Cervix & Vulval
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. B. Tolmor Hanor M. D.
Address 1901 Eutaw Pl Date signed 4.25.41

F 30014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 30014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 S. Clinton St. (If rural give location) 26
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EARL KREMPEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1937

8. AGE: Years	Months	Days	If less than one day
3	4	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Krempel
13. Birthplace Maryland

MOTHER
14. Maiden Name May Lloyd
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 627 Broadway Huntingtor Williams, M.D.

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 7 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Scald, burn — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 22, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury upset a pot of hot stand

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 4-23-41

F 80015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1242

F 80015 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 N. Duncan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 948 N. Duncan St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Jacob Audubon Stroup.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-6387

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 23-1886

8. AGE: Years	Months	Days	If less than one day
54	6	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Stage Hand.
11. Industry or business

FATHER
12. Name Jacob Stroup
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amelia Rigger
15. Birthplace Balto. Md.

16 (a) Informant Henrietta Stroup.
(b) Address 948 N. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location E. Balto. Ave.

18 (a) Funeral director John A. Moran
(b) Address 1000 E. Baltimore St

19 (a) Apr 25 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Apr 24 1941, and that I last saw him alive on Apr 23 1941.

Immediate cause of death	Duration
Carcinoma of Liver non alcoholic	2 mos.
Due to	
Due to acute dilatation of heart	Apr 22/41
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Campbell M. D.
Address 1644 Hanover St Date signed 4/25/41

VS 3

80016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√1636 Registered No. F 80016

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ETHEL O. LEVERING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Andrew J. Levering

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1888

8. AGE: Years	Months	Days	If less than one day
52 54	7	21	hr. min.

9. Birthplace: Baltimore County, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Rizin Shipley
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary L. Bucher
15. Birthplace: near Emmittsburg, Pa.

16. (a) Informant: Mr. Andrew J. Levering
(b) Address: 1313 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1941 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Md.

18 (a) Funeral director: [signature]
(b) Address: 1003 W. Baltimore St.

19 APR 25 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Phosphorus poisoning	
Due to Suicide	
Due to mental dependency	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 17, 1941
(c) Where did injury occur? 1300 N. Broadway Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury swallowed rat poison

23. Signature H. L. Wollammober M.D. Medical Examiner.
Date signed 9-24-41

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-e

F 80017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 E Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDGAR TRAVERS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish American	215-01-7775	M	W	Married

6 (b) Name of husband or wife: Mary E. Travers
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Oct. 12, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	11	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Cleaner
11. Industry or business: Contractor Carpenter

FATHER
12. Name: John Travers
13. Birthplace: Cambridge Md.

MOTHER
14. Maiden Name: Sarah A. Forsyth
15. Birthplace: Virginia

16 (a) Informant: Mrs Mary E. Travers
(b) Address: 2318 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Frederick Rd.

18 (a) Funeral director: John C. Fuller Inc.
(b) Address: 2435 E Chase St

19 (a) APR 25 1941 (Date Received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 6 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fractures, multiple skull — Duration:
Due to:
Due to:
Other Conditions: Osteitis deformans of bone. (Paget's disease) (Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: April 25, 1941 26-4
(c) Where did injury occur? Bolton & Edmondson Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury: thrown to pavement from auto car running board

23. Signature: H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed: 4-25-41

VS 6

80018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 80018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Rosalind Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Bull

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-9738

4. Sex: Fe | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chester A Bull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 1900

8. AGE: Years 41 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace: Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation: Cashier Stewards

11. Industry or business

FATHER 12. Name: George E Harris

13. Birthplace: Md. Dom. Balto. Co. Md

MOTHER 14. Maiden Name: Rebecca J. Bosley

15. Birthplace: Balto Co Md

16 (a) Informant: Rebecca J. Bosley

(b) Address: 1406 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 - 1941 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet Cem. Hampstead

Location: Hampstead

18 (a) Funeral director: Jeannie C. Syfer

(b) Address: 1600 N. North Ave.

APR 25 1941 (Date received by Registrar) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941 at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: 4/24/41
(c) Where did injury occur? 3031 Rosalind Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Pistol - shot by husband

23. Signature: [illegible] M.D. Medical Examiner.

Date signed 4/27/41

F 80018

F 80019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Mulberry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Mulberry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Junker

11. Industry or business ?

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ethel Brown
(b) Address 1104 N. Pearl st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/25/41

80020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. E 80020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE HULLA.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife John Hulla

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1866

8. AGE: Years 74 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Svoboda
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Silinek
15. Birthplace Bohemia

16 (a) Informant Joseph Hulla
(b) Address 2320 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore

18 (a) Funeral director Frank Brueckelon
(b) Address 900 N. Chester St.

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 9 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Hypertension
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 5-24-41

VS 6

80021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 80021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: St Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) (4)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Chapel st (If rural, give location)
(e) If foreign born, how long in U. S. A.? 41 years

3 (a) FULL NAME Rudolph Franz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-7733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Rose Franz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21. 1876

8. AGE: Years	Months	Days	If less than one day
64	6	3	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Clock Smith

11. Industry or business

FATHER
12. Name Albert Franz
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not Known
15. Birthplace Bohemia

16 (a) Informant Helen Johnson
(b) Address 1638 Eutaw pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto

18 (a) Funeral director Clark Bradshaw
(b) Address 900 N Charles st

19 (a) Date received by registrar (b) Registrar Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 6 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941, to April 24 1941, and that I last saw him alive on April 24 1941.

Immediate cause of death Cardiac failure — Duration: 1 day

Due to Coronary occlusion

Due to arteriosclerosis

Other Conditions Obesity.

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Blaustein M. D.
Address 20 N Eutaw Pl. Date signed 4/25/41

80022 Bohemia Bohemia 94-a 80022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 80022

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 E Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 E Monument
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizebeth Supik

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank E Supik
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) July 2 1865

8. AGE: Years	Months	Days	If less than one day
75	9	21	hr. min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Suss
13. Birthplace Bohemia

MOTHER
14. Maiden Name Catherine Kubes
15. Birthplace Bohemia

16 (a) Informant Frank E Supik
(b) Address 2226 E Monument St

17 (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brachlow
(b) Address 900 N Gilmor St

APR 25 1941 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1941, to April 23 1941, and that I last saw h[illegible] alive on April 23 1941.

Immediate cause of death Coronary Sclerosis — Duration 3 yrs
Due to Angina Pectoris — 10 wks
Due to Coronary Thrombosis — 1 day
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Vincent V. Joaka M. D.
Address 845 N. Patterson Pk Date signed 4/25/41

VS 3

80023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-C Registered No. F 80023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) 15 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Reggs Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Lawrence Birth F 26354

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4/8/41

8. AGE: Years	Months	Days	If less than one day
			hr. 15 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Malcolm Lawrence
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Regina Coady
15. Birthplace Balto. Md

16 (a) Informant Mrs. Regina Lawrence
(b) Address 2711 Reggs ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL APR 25 1941 Commissioner of Health

18 (a) Funeral director For H. A. Moore
(b) Address

19 (a) APR 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 8, 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1941, to 4-8 1941, and that I last saw her alive on 4-8 1941.

Immediate cause of death	Duration
Anencephalic monster	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. Schwerhaus M.D.
Address 1901 Eutaw Date signed 4-25-41

0442

396032
80024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Renovo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 148 5th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geraldine C. Fahley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maurice W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 4-25-01

8. AGE: Years: 40 | Months | Days | If less than one day: hr. min.

9. Birthplace: Pa
(Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER — 12. Name: Edward Barry
13. Birthplace: Pa.

MOTHER — 14. Maiden Name: Mary Sullivan
15. Birthplace: Pa.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1941 (month) (day) (year)
(c) Cemetery or crematory: Renova Cem.
Location: Renova Penna. Sec. 1 Lot 4

18 (a) Funeral director: Harry Souder & Sons, Inc.
(b) Address: North Ave. & Broadway

19 (a) APR 25 1941 (Date received by local registrar) (b) Huntington, Williamsport, Pa.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1941, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1941 to Apr 25 1941 and that I last saw her alive on Apr 25 1941.

		Duration
Immediate cause of death	Lobar pneumonia	2 wks.
Due to	Type VIII pneumococcus.	
Due to	Bacteremia due to Type VIII pneumococcus. Lupus erythematosus disseminatus & anemia	7 yrs.
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. W. Kleinfelter M.D.
Address: J. H. Hosp. Date signed 4-25-41

80025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-a

Registered No. E 80025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4628 Pimlico Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Katherine Hildebrand.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none
4. Race: Negro / White
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow.
6 (b) Name of husband or wife: William N. Hildebrand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1874
8. AGE: Years 66 | Months 7 | Days 26 | If less than one day: 25 hr. min.
9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name S. Hildebrand.
13. Birthplace Germany.

MOTHER
14. Maiden Name unknown.
15. Birthplace Germany.

16 (a) Informant Mrs. G. Ling.
(b) Address 4628 Pimlico Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Pk Hgts.

19 (a) APR 25 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1941 to 4/25 1941.
And that I last saw h[illegible] alive on 4/25 1941.

Immediate cause of death: Acute pancreatitis
Due to: Stone in common bile duct
Due to:
Other Conditions: Carcinoma left breast, axilla
(Include pregnancy within 3 months of death)

Duration:

Major findings:
Of operations
Of autopsy Acute pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Greene Jr.
Address Mercy Hospital Date signed 4/25/41

VS 3

80026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 80026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer each question. Where there is no entry, write "None." Do not leave blanks. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6305 Mayflower Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6305 Mayflower Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Annie Blair

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife 1868
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Austria

MOTHER
14. Maiden Name unknown
15. Birthplace austria

16 (a) Informant Mr Michael Blair
(b) Address 6805 Mayflower Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto. County

18 (a) Funeral director John M Welsh
(b) Address 401 S. Chester Street

19 (a) APR 25 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 3 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22 1941, to Apr. 24 1941, and that I last saw h alive on Apr. 23 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 days
Due to Arterio Sclerosis — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl J Benson, M.D.
Address 5111 York Rd. Date signed 4/25/41 M. D.

VS 3

E 80027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. E 80027

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Pylesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter W. Stansbury

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Jackins Stansbury
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8 1887

8. AGE: Years	Months	Days	If less than one day
53	8	17	hr. min.

9. Birthplace Harford Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Wm Stansbury
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Sarah Street
15. Birthplace Harford Co Md

16 (a) Informant Mrs Walter Stansbury
(b) Address Pylesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Rocks Harford Co Md

18 (a) Funeral director Mrs C Hurst Son
(b) Address Jarrettsville Md

19 APR 26 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941, to April 25 1941, and that I last saw h — alive on April 25 1941.

Immediate cause of death Coronary Thrombosis

Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Coronary Thrombosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.
Address St Joseph Hosp Date signed 4-25-41

80028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 80028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 90[illegible] Carrah St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-5260

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1916

8. AGE: Years	Months	Days	If less than one day
24	7		hr. min.

9. Birthplace Florence S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Richardson
13. Birthplace Florence S. C.

MOTHER
14. Maiden Name Nellie Curry
15. Birthplace Florence S. C.

16 (a) Informant Fannie Addison
(b) Address 1720 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Florence, S.C.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 32[illegible] N. Schroeder St

19 (a) APR 25 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1941, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1941, to 4-23 1941, and that I last saw h[illegible] alive on 4-23 1941.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Delirium Tremens — Duration 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musgrave M. D.
Address President Hospital Date signed 4-23-41

VS 3

E 80029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. E 80029

SS 84981

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Ramsey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Ruley

3 (b) If veteran, name war WW

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Gertrude Ruley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1858

8. AGE: Years	Months	Days	If less than one day
82	10	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Retired

FATHER
12. Name Samuel Ruley
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emma Shields
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 26 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1941, at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1941, to 4-25 1941, and that I last saw him alive on 4-25 1941.

Immediate cause of death Bronchopneumonia — Duration 48 hrs
Due to Strangulated femoral hernia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Same
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Leydon M. D.
Address Balto City Hosp Date signed 4-26-41

80030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F

F 80030 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta E Roediger

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Otto S. Roediger
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 2 1873

8. AGE: Years	Months	Days	If less than one day
67	6	17	hr. min.

9. Birthplace France (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name William Roediger
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Yost
15. Birthplace Germany

16 (a) Informant Margaret Dosh
(b) Address 569 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 417 St. Paul St

19 (a) APR 26 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1941 at 6 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1941 to April 25 1941, and that I last saw ~~him~~ her alive on April 25 1941.

Immediate cause of death	Duration
Angina Pectoris	
Due to Eye, with Hemorrhage	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Parker M.D.
Address 2175 N Pabo St Date signed 4/25/41

80031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. E 80031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Westwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nannie T. Von Kenecke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Michael J. Von Kenecke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1855

8. AGE: Years	Months	Days	If less than one day
85	9	7	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Harvey McDonelson
13. Birthplace Va

MOTHER
14. Maiden Name Maria (Unknown)
15. Birthplace Va

16 (a) Informant Pearl T. Hart
(b) Address 3009 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 26 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1941, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1941, to April 1924, and that I last saw h[illegible] alive on April 23 1941.

Immediate cause of death	Duration
Myocardial Insufficiency	13 days
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G W Bullup M. D.
Address 2224 W. North Ave Date signed 4/26/41

VS 8

80032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80032

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Brentwood Ave.) (Hosp.) (Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edith Barnes

If U. S. Veteran specify WAR _____

(a) Residence: No. 1512 Brentwood Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Barnes

6. DATE OF BIRTH (month, day, year) Feb. 1881.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) Mar. 1941 | 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. City Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) U.K.

MOTHER

15. MAIDEN NAME Cynthia Gray.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Nellie Holland

(Address) 1511 N. Carrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery April 27 1941

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 339 N. Rochester St.

20. APR 26 1941 Huntington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/41

22. I HEREBY CERTIFY, That I attended deceased from 4/12/41, to 4/23/41

I last saw her alive on 4/21/41 Death is said to have occurred on the date stated above, at 5.8 m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia

Duration: 2 yrs.

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Dr. F. Krupp M. D.

(Address) 522 Harlington Ave

NOTE—WRITE PLAINLY WITH INKING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

80033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 80033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Gray
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ida M. Gray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 23, 1890
8. AGE: Years 51 Months 2 Days 1 If less than one day hr. min.
9. Birthplace Easton Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Gray
13. Birthplace Easton Md

MOTHER
14. Maiden Name Priscilla Curtis
15. Birthplace Easton Md

16 (a) Informant Ida M. Gray
(b) Address 611 N. McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 1 N. Schroeder St.

19 (a) APR 26 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941 at 6 A M
21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to April 24 1941, and that I last saw h[illegible] alive on April 24 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 Months
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles Bradley M. D.
Address 6 E Fayette Date signed 4-25-41

VS 3

80034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-5

F 80034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Biddison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Biddison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dora Sanders

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John J Sanders
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 10 - 1879

8. AGE: Years 61 | Months 10 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Geo C Kember
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Caspar
15. Birthplace Germany

16 (a) Informant Mrs C Straney
(b) Address 4501 Valley View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ellis & Sons
(b) Address 2048 Allens St

19 (a) Registered APR 26 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 8 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20, 1941, to April 24 1941, and that I last saw h.e.w. alive on April 24 1941.

Immediate cause of death Coronary Thrombosis — Duration

Due to Degenerative Cardio-Vascular Disease

Due to: Arteriosclerosis, Generalized and Coronary

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles N. Sewell M. D.
Address 4208 Parkwood Ave Date signed 4-25-41

F 80035 F 80035

F 80035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49C

Registered No. F 80035

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Edmondson Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Edmondson Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SADIE EMERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles O. Emerson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1872

8. AGE: Years	Months	Days	If less than one day
68	7	16	hr. min.

9. Birthplace Deer Park, Maryland
(Town, county, and state)
10. Usual Occupation Scalp Specialist
11. Industry or business Self

FATHER
12. Name Samuel Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Sadie Lockard
15. Birthplace Maryland

16 (a) Informant Mrs. Marguerite L. Correoso
(b) Address 2410 Edmondson Avenue

17 (a) Burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (c) APR 26 1941 (Date accepted [illegible]) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1941, 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1941 to April 24 1941, and that I last saw h[illegible] alive on April 24 1941.

Immediate cause of death
Carcinoma of Vagina & Cervix
Duration about 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. G. Brown M. D.
Address 716 Cathedral St. Date signed 4-28-41

VS 3

F 80036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-c

Registered No. F 80036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 I Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernia Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1922

8. AGE: Years	Months	Days	If less than one day: hr.	min.
19	1	16		

9. Birthplace Sparrows Point, Maryland (Town, county, and state)

10. Usual Occupation schoolgirl

11. Industry or business

FATHER
12. Name Edward W. Turner
13. Birthplace Sparrows Point, Maryland

MOTHER
14. Maiden Name Mamie Milburn
15. Birthplace Cambridge, Maryland

16 (a) Informant Edward W. Turner
(b) Address 719 Eye St., Sparrows Point

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-4 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Jos M. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) APR 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Self induced Abortion — Retained placenta
Due to: Puerperal infection — Generalized peritonitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner.
Date signed 4/25/41

F 80037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 80037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 10 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Virginia (b) County:
(c) City or town: Richmond (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1810 E. Marshall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: William Arthur Mottage

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 213 14 9301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 19, 1905

8. AGE: Years	Months	Days	If less than one day
35	11 10	23 1	hr. min.

9. Birthplace: Richmond, Virginia (Town, county, and state)
10. Usual Occupation: Fireman. SS MAJOR WHEELER
11. Industry or business:

FATHER
12. Name: William H. Mottage
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Dora Dean
15. Birthplace: Virginia

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 41 (month) (day) (year)
(c) Cemetery or crematory: St Marys
Location: Hyattsville

18 (a) Funeral director: A Reiley Slade
(b) Address: 4907 York Road

APR 26 1941 (Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 19 41, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 19 41 to April 20 19 41, and that I last saw h in alive on April 20, 19 41.

Immediate cause of death	Duration
Acute vegetative endocarditis	1 mo.
Due to Staphylococcus sepsis	1 mo.
Due to	
Other Conditions Luetic aortitis with aortic regurgitation	1 yr.

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. F. Patients O.D.
M. D.
Address: U. S. Marine Hospital, Baltimore, Md.
Date signed 4/24/41

VS 3

F 80038

Gram #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 80038

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: found floating in harbor at
(c) Hospital or institution: Canton; Co. Pier #3, Foot Canton
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1-1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNKNOWN WHITE MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY APR 26 1941
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore.

19 (a) APR 26 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 . at 1 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March ? 1941
(c) Where did injury occur? harbor 1-1 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? water While at work? ? (Specify type of place)
(e) Means of injury drowning

23. Signature H. L. Wallenwaber M.D. Medical Examiner.
Date signed 4-14-41

F 80039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C

F 80039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary White

3 (b) If veteran, name war

3 (c) Social Security Account No.

Birth F 16275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-40

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Spencer White
13. Birthplace Va

MOTHER
14. Maiden Name Tertha Dorsey
15. Birthplace Md

16 (a) Informant Birth Certificate
(b) Address F16275

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY APR 26 1941
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 26 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1941 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry, find that said deceased came to her death on the day stated above.

Immediate cause of death: Anemia; Cholecystitis; Gallstones

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Hirschfeld M.D.
Medical Examiner.
Date signed 4/16/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 394401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

Registered No. F 80040

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Rutland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Peters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Ann Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-72

8. AGE: Years	Months	Days	If less than one day
68	7	11	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Charles Peters
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Underwager
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos F Stevenson
(b) Address 3001 Pentuby ave

19 Apr 26 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1941, at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1941, to Apr 24 1941, and that I last saw him alive on Apr 24 1941.

Immediate cause of death	Duration
Cardiac Failure	
Due to Myocarditis	3 mo.
Due to	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion F. Booth, M.D.
Address Johns Hopkins Hosp. Date signed Apr 25 1941

F 80041 ✓ F 80041

BALTIMORE CITY HEALTH DEPARTMENT 46-B Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Bowers St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John W. French
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-01-1296

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Estella C. Duca French
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1879

8. AGE: Years	Months	Days	If less than one day
61	6	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Lock Insulator Co.

FATHER
12. Name George French
13. Birthplace

MOTHER
14. Maiden Name Jamie Little
15. Birthplace

16 (a) Informant Estella Edna French
(b) Address 828 Bowers St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/41 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Carroll Co. Md.

18 (a) Funeral director Edmonson & Donovan
(b) Address 3615 Harford Ave. Huntington Williams, M.D.

19 (a) (Date received) APR 26 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941 at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1941, to Apr. 24 1941, and that I last saw h[illegible] alive on Apr. 24 1941

Immediate cause of death: General debilitation

Due to: Carcinoma of Stomach

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Not done
Of autopsy: Not granted

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Cheney M. D.
Address Mercy Hospital Date signed 4-26-41

F 80042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 80042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2335 N Lafayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 N Lafayton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert H. Lardnskey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widower.

6 (b) Name of husband or wife Georgia A Lardnskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21-1870

8. AGE: Years 71 | Months — | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Retired Electrician
11. Industry or business B & O R. R.

FATHER
12. Name Wm H Lardnskey.
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah A Robinson
15. Birthplace Balto Md

16 (a) Informant Wm H Lardnskey
(b) Address 2335 N Lafayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 28 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Putnam Bolte
(b) Address 2224 N Charles St

19 (a) (Date received by registrar) (b) Registrar

VS 3 APR 26 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July, 22 1936 to April, 25 1941 and that I last saw him alive on March, 17 1941.

Immediate cause of death	Duration
Myocarditis.....	5 yrs
Arterial Hypertension....	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Lloyd Johnson M. D.
Address Catonsville, Md Date signed 4/26/41

80043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 80043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 438 S. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 S. Smallwood St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Nettie Kuechle-Heddrich

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Heddrich
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Aug. 3. 1853

8. AGE: Years	Months	Days	If less than one day
87	8	20	— hr. — min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business At Home

FATHER
12. Name Frederick Feick
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Rose Greffen
(b) Address 438 S. Smallwood St

17 (a) Burial (b) Date thereof Apr. 26. 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director J. B. Shipley & Son
(b) Address 300 Eutaw Place

19 APR 26 1941 Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 / 1941, at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to 4/25 1941, and that I last saw her alive on 4/23 1941.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration: 1 yr

Due to:

Due to:

Other Conditions Bronchopneumonia — 2 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller
Address 2030 Wilkens Ave Date signed 4/ /41

Dr. B. Miller.

80044 F 80044

BALTIMORE CITY HEALTH DEPARTMENT 69-a Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden & Madeira Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Durnall Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Carville J. Brian = Carville J. Brian

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-9566

4 Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18. 1896

8. AGE: Years 44 | Months 6 | Days 6 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Cinder Block Mfg.

11. Industry or business Pres. of Co.

FATHER 12. Name Carville D Brian

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Mary A. Brantley

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Catherine V. Brian

(b) Address 4202 Durnall Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cathedral

Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son

(b) Address 1100 Eutaw Place

19 (a) APR 26 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941 to April 24 1941, and that I last saw him alive on April 24 1941.

Immediate cause of death Pneumococcic Meningitis (Type V) — Duration

Due to Acute Otitis Media

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Bruignac M. D.

Address 3rd Gen. Hosp. Date signed Apr. 26, 1941

80045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80045 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2606 Huron St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Huron St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thos. H. Travers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1881

8. AGE: Years 60 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Wm Staten
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Helen V. Travers
(b) Address 2606 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28. 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore Maryland

18 (a) Funeral director Joseph A. Lively
(b) Address 409 North Mount Street

APR 26 1941 (Date received by local registrar) (b) Huntington Willis, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941. 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1941 to 4/25 1941, and that I last saw h[illegible]ive on 4/24/41

Immediate cause of death: Arteriosclerosis

Due to: Chr Myocarditis

Due to:

Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Howell M. D.
Address 601 N Carrollton Ave Date signed 4/26/41

F 80046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 80046

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 3 7 S. Carlton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvin Walker Birth F 16513

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-1940

8. AGE: Years	Months	Days	If less than one day
	6	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name John Hines
13. Birthplace Ga.

MOTHER
14. Maiden Name Essie Walker
15. Birthplace Kinston, S. C.

16 (a) Informant Essie Walker (mother)
(b) Address 7 S. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper.
(b) Address 514 N. Calhoun St.

19 (a) APR 26 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1941, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941, to 4-24 1941, and that I last saw him alive on 4-24 1941.

Immediate cause of death	Duration
Lobar Pneumonia	1 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Hemmeter M. D.
Address President Hospital Date signed 4-24-41

E 80047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. E 80047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 439 S Gilmor st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 S Gilmor st (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME James A Dowlin (Dowling)
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-3078 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Laura M Dowlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1875

8. AGE: Years	Months	Days	If less than one day
65	9	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Elevator Operator Retired
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Laura M Dowlin
(b) Address 439 S Gilmor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director James A Farley
(b) Address Fulton & Fayette

APR 26 1941 (Date rec'd by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1940 to April 24 1941, and that I last saw him alive on April 23 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration unknown
Due to
Due to
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Nathan Racusin, M. D.
Address 206 S. Gilmor St. Date signed 4-26-41

VS 2

80048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registered No. E 80048

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

15-12

3 (a) FULL NAME Mrs. Alexine Aiken Grace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Kenneth Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1887

8. AGE: Years	Months	Days	If less than one day
53	8	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name George Bruce Aiken
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Wolvington
15. Birthplace Maryland

16 (a) Informant Mr. Kenneth Grace
(b) Address 2906 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) APR 26 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1941, to April 25 1941, and that I last saw her alive on April 25 1941.

Immediate cause of death	Duration
Hepatic Insufficiency	
Due to Subacute Toxic Hepatitis	
Due to Chronic Pancreatitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 4-25-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 4-25-41

80049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. E 80049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Eutaw St. - Belvia Hotel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva M. McCulloh Statler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Earl Statler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1885

8. AGE: Years	Months	Days	If less than one day
55	5	23	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business

FATHER
12. Name John H. McCullough
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary E. Lidick
15. Birthplace Pennsylvania

16 (a) Informant Irene A. Pryor
(b) Address 36'6 St. Paul Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 41 (month) (day) (year)
(c) Cemetery or crematory Greendsville
Location Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

APR 26 19[illegible] (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-1941, at 7:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 4-26-41

F 80050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Keymar (Outside) (If outside city or town limits, write RURAL and give town)

(d) Street No. Kelsville Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Kiser

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles F. Kiser

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 23-1880

8. AGE: Years	Months	Days	If less than one day
60	4	3	hr. min.

9. Birthplace Carroll Co, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Nelson Koontz

13. Birthplace Carroll Co Md.

MOTHER

14. Maiden Name Ada Zimmerman

15. Birthplace Carroll Co Md.

16 (a) Informant Mrs. Leary Shiffler

(b) Address Union Bridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-41 (month) (day) (year)

(c) Cemetery or crematory Keysville Cem.

Location Keysville Md.

18 (a) Funeral director D. D. Hoffacker Sons

(b) Address Union Bridge & New Windsor Md

APR 22 1941 (Date rec'd by Local Registrar)

(b) Hoffacker Funeral Home, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-41 19 , at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-41, to 4-26-41 19 , and that I last saw h[illegible] alive on 4-26 19 41

Immediate cause of death Respiratory failure — Duration 5 min

Due to Anesthetic — Duration 15 min

Due to — Duration

Other Conditions Evacuated umbilical hernia — Duration 30 yrs

(Include pregnancy within 3 months of death)

Date of operation 4-26-41

Major findings of operation: Umbilical Hernia

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

F. Signature R. Williams M. D.

Address Union Hosp. Date signed 4-26-41

F 80051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 80051 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Raynor Ave
(b) Street address ~~3019 Raynor Ave~~
(c) Hospital or institution: Mt Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Georgian Falls Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Raymond Dennith

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 213-10-3609

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1896

8. AGE: Years 44 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business Safe Deposit & Trust Co

FATHER 12. Name Charles F Dennith

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Bertha L. Depner

MOTHER 15. Birthplace Baltimore Md

16 (a) Informant Mrs. Bertha L. Dennith (wife)

16 (b) Address 3019 Georgian Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-41 (month) (day) (year)

17 (c) Cemetery or crematory Loudon Park

Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY

18 (b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) Registrar Huntington Williams M.D.

APR 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple fractures crushing injury of chest

Due to: Fracture of skull Intracranial injury

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/24/41 15-7
(c) Where did injury occur Lyon Falls Pkwy & Jayson St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto car

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/24/41

F 80052

F 80052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80052 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 W. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert J. Toner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1860

8. AGE:

Years	Months	Days	If less than one day
80	7	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman (Retired)

11. Industry or business

FATHER
12. Name George M. Toner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie C. Toner
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Kate Toner
(b) Address 1840 W. Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East End J. North Ave

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 N. Charles St.

19 APR 27 1941 (Date received by registrar) (b) Hunting for Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1941, at 11:15 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.

Date signed 4-25-41

F 80053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 80053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2035 N Bentalou St
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Freiman

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Bernard Freiman
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Henry Freiman
(b) Address 2035 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

APR 27 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to April 26 1941, and that I last saw him alive on April 26 1941.

Immediate cause of death Carcinoma of Liver — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin, M. D.
Address 4818 Reisterstown Rd Date signed 4/26/41

F 8005 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B

F 8005 4

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 W. West Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W West Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 87

8. AGE: Years	Months	Days	If less than one day
53	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Rakes
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Bevans
15. Birthplace Maryland

16 (a) Informant George Rakes (Husband)
(b) Address 107 W West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1082 Montgomery St

19 (a) [illegible] (b) Hunting for William H.P. (Local registrar)

APR 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 24 — 1941, at 12 M

21. I certify that death occurred on the date above stated, that I attended deceased from April 16 1941, to April 24 1941, and that I last saw her alive on April 24 1941.

Immediate cause of death Endocarditis & Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carper M. D.
Address 1016 E. Sharp St Date signed 4-26-41

F 80055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 80055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Casper J. Gorman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Teresa Gorman

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
74			..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Jane Knight
(b) Address 318 Fontaine Pl. Govy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rock
(b) Address 5305 Harford Road

APR 27 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-41 1941, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941 to 4-25 1941 and that I last saw him alive on 4-25 1941.

Immediate cause of death General hemorrhage. — Duration 3 days

Due to Hypertension, Cardio-vascular disease — 2 years

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature J. Bruce Deary M. D.
Address St. Joseph's Hospital Date signed 4/25/41

Dr Deary

F 80056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a Registered No. F 80056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 S. Bond
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 S. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Jacob Gialkowski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 80 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Funeral Director

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant William Gialkowski
(b) Address 1618 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Md.

18 (a) Funeral director William Gialkowski
(b) Address 1618 Eastern Ave

19 (a) Date received (year) (b) Registrar Hunter for Wm. [illegible] M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1941, to April 25 1941, and that I last saw h[illegible] alive on April 25 1941.

	Duration
Immediate cause of death: Arterio-Sclerotic Hypostatic pneumonia - Cardio-Renal Toxic	6 yrs -
Due to Cardio Arteriosclerosis	2 yrs -
Due to Acute Dilatation of Heart	24 hrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Quigley M.D.
Address 2048 Eastern Ave Date signed 4/26/41

F 80057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 80057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 S. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME John Chludzinsky

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Chludzinsky
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
60	8	0	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Farmer Laborer
11. Industry or business

FATHER
12. Name Michal Chludzinsky
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mary Chludzinsky
(b) Address 514 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Co.

18 (a) Funeral director William Jaskowsky
(b) Address 618 Eastern Ave

19 (a) (Date received by Registrar) (b) Thomas J. Williams, M.D. Address 200 E. Baltimore Date signed 4-25-41

APR 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1941, to April 24 1941, and that I last saw him alive on April 24 1941.

Immediate cause of death Cerebral apoplexy — Duration 4 days

Due to Cerebral Arteriosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Williams M.D.

F 80058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 80058 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Poplar Grove St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

67

3 (a) FULL NAME Addie A. Molesworth

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Richard G. Molesworth

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 8-1864

8. AGE: Years 76 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Thomas M. Baker
13. Birthplace Md

MOTHER
14. Maiden Name Annie M. Lewis
15. Birthplace Md

16 (a) Informant Mrs. Clayton Keller
(b) Address 1511 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27-941 (month) (day) (year)
(c) Cemetery or crematory Providence Cem
Location Kempstown Md

18 (a) Funeral director Geo L. Beyer Jr
(b) Address 1512 Rollins St

19 (a) (Date rec'd by registrar) (Huntington Williams) M.D.

APR 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 12.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to Apr. 23 1941, and that I last saw h er alive on Apr. 23 1941.

Immediate cause of death	Duration
Carcinoma of the Colon	Jan 1-40
Due to	
Due to	
Other Conditions Chronic Myocarditis & Hypertension (Include pregnancy within 3 months of death)	Oct 1937

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac E. Dickson
Address 3055 W. North ave Date signed Apr 26-41 M. D.

F 80059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 261 S. Hilton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 261 S. Hilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 D. 1

3 (a) FULL NAME Margaret A. Schindler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph C. Schindler
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 25 - 1895

8. AGE: Years	Months	Days	If less than one day
45	5	—	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Proprietor Confectionery Store

FATHER
12. Name Timothy Welch
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Fitzgerald
15. Birthplace Baltimore Md

16 (a) Informant Mrs Monroe Rogers
(b) Address 1401 Covington St

17 (a) Burial (b) Date thereof 4/29/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Howard D. Glynn
(b) Address 1422 Light St.

APR 27 1941 (b) Hunter Hon Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1941, at 3.45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy + Inquest find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 4-26-41

Dr Miller
1228 S. Ann St.

F 80060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 80060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 Patapsco
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 Patapsco St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wolfrum

3 (b) If veteran, name war

3 (c) Social Security Account No. 226-05-1099

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1876

8. AGE: Years 64 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business

FATHER 12. Name John Wolfram
13. Birthplace Germany.

MOTHER 14. Maiden Name Bertha ?
15. Birthplace Germany

16 (a) Informant Mrs. Mary Wolfrum
(b) Address 1423 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Margaret A. Lyons
(b) Address 1422 Light St.

APR 27 1941 (Date received by registrar) Hunter for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1941 to 4/25 1941, and that I last saw h alive on 4/25 1941.

Immediate cause of death — Duration
Coronary Thrombosis — acute
Due to Infection of ankle — 1 day
Due to — 3 wks
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Grace Miller M. D.
Address 825 N. Charles St. Date signed 4/26/41

F 80061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-2

F 80061

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 + Calvert St.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. ~~(yrs., mos.,~~ or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 40± St + Kenwid Rd

(If outside city or town limits, write RURAL and give town)

(d) Street No. Home for Incurables

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. May N. Ives

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
F.	W	Widow

6 (b) Name of husband ~~or wife~~ Deceased / Burt J. Ives

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, '71

8. AGE: Years	Months	Days	If less than one day
69	8	8	— hr. — min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation None

11. Industry or business "

FATHER

12. Name Sidney Walrath

13. Birthplace New York

MOTHER

14. Maiden Name Addi Cole

15. Birthplace Vermont

16 (a) Informant Union Memorial Hosp. - Rec'd

(b) Address 33 + Calvert St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/41 (month) (day) (year)

(c) Cemetery or crematory Brookside Cemetery

Location Watertown N.Y.

18 (a) Funeral director William J. Jackson & Son

(b) Address Park + Appleton Sts. Boston, Mass.

19 APR 27 1941 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1941, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1941, to April 26 1941, and that I last saw h.e.r alive on April 26 1941.

Immediate cause of death Acute cardiac failure

Due to diaphragmatic hernia

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Douglas H. Stone M. D.

Address Union Memorial Hosp. Date signed 4/26/41

VS 8

F 80062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 80062 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 W. 31st Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Inez Norris (Inez Elizabeth Norris)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-01-3322

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. F. Norris, Jr.

6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Feb. 13, 1904

8. AGE: Years: 37 | Months: 2 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Albert D. McCubbin
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Laura R. Baker
15. Birthplace: Maryland

16 (a) Informant: Mr. Wm. F. Norris, Jr.
(b) Address: 315 W. 31st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19. APR 27 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1941, at 8:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1941, to April 26, 1941, and that I last saw her alive on April 26, 1941.

Immediate cause of death: Pulmonary embolus

Due to:

Due to:

Other Conditions: Pleural effusion - left
(Including pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Pulmonary embolus Pleural Effusion-left

Duration:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Oscar Hartman, M.D.
Address: Franklin Square Hosp. Date signed 4/26/41

F 80063 27321

F 80063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & John Sts

(c) Hospital or institution: Woman's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3716 Gelston Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EVELYN BREGEL (Evelyn Mae Bregel)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	214-01-0893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife William Bregel

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) June 17, 1911

8. AGE: Years	Months	Days	If less than one day
30	1	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Beauty Operator

11. Industry or business

FATHER 12. Name Jacob W. Singhass

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary L. Grant

15. Birthplace Virginia

16 (a) Informant Mr. Wm. J. Bregel

(b) Address 3716 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

APR 27 1941 (Date rec'd by registrar)

(b) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 25 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 23 1941, to APRIL 25 1941, and that I last saw her alive on APRIL 23 1941.

Immediate cause of death	Duration
a Pneumonia, primary	
Due to	
Due to	
Other Conditions Acute dilatation of heart, pneumonia (Include pregnancy within 3 months of death)	Over

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lynwood D. Sinn M. D.

Address Woman's Hospital Date signed 4-25

F 80064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 80064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton & Wilkens Aves

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ✓

(c) City or town Baltimore Md (If outside city or town limits write RURAL and name town)

(d) Street No. 755 Washington Blvd (If rural give location)

(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country ✓

3 (a) FULL NAME Mrs. Nettie H Starry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Married

6 (b) Name of husband or wife Daniel W. Starry

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) November 28, 1889

8. AGE: Years	Months	Days	If less than one day
51	4	28	hr. min.

9. Birthplace Md, Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Livingstone

13. Birthplace Md. Baltimore

MOTHER 14. Maiden Name Henrietta Mitchell

15. Birthplace Md. Baltimore

16 (a) Informant Mr John W. Stickman

(b) Address 2415 Christian Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location 3801 Frederick Ave.

18 (a) Funeral director John J. Sweeney Son

(b) Address 901 Hollins St.

19 (a) Date received by local registrar APR 27 1941 (b) Huntington Wilkins Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1941, to April 25 1941, and that I last saw her alive on Apr 25 1941.

Immediate cause of death Carcinoma of cervix to metastases

Due to Hemorrhage from cervix

Due to

Other Conditions Severe Shock

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Don T. Muse M. D.

Address St Agnes Hosp. Date signed 4/25/41

F 80065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-7

F 80065 S

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Montpelier
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Montpelier
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma F. Green

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frederick A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1849

8. AGE: Years 91 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Home
11. Industry or business

FATHER 12. Name William F. Dames
13. Birthplace Md.

MOTHER 14. Maiden Name — Brown
15. Birthplace Unknown

16 (a) Informant John Green
(b) Address 1127 Montpelier

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 4 (day) 28 (year) 41

(c) Cemetery or crematory St. Mary's
Location Govans

18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore

19 (a) Date received by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/1941 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1941, to 4/25 1941, and that I last saw h[er] alive on 4/25 1941.

Immediate cause of death	Duration
Cardiac arrest	
Due to Chronic Endocarditis	
Due to —	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Thomas M.D.
Address 3178 Hartford Rd. Date signed 4/26/41

F 80066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 80066
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Rosedale ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chester Bull

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1890

8. AGE: Years	Months	Days	If less than one day
50	4	10 (new)	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)

10. Usual Occupation Retired conductor
11. Industry or business Baltimore Transit Co.

FATHER
12. Name John W. Bull
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Wisner
15. Birthplace Maryland

16 (a) Informant Samuel P. Bull
(b) Address 6305 Blackburn Court

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (b)
(Date received by registrar)

APR 27 1941

Huntington Hitchcock M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 25 - 1941, at 5:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Gun shot of head. (Self inflicted).

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4 - 24 - 41
(c) Where did injury occur? 3031 Rosedale ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot of head

23. Signature Howard J. Hitchcock M.D.
Medical Examiner
Date signed 4-26-41

V5-6

F 80067

F 80067

F 80067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 N. Broadway
(c) Hospital or institution: John Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 North Highland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME ROSE SCROGGS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-3757

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife William A.
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1893

8. AGE: Years	Months	Days	If less than one day
47	5	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Henry Aherns
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Amling
15. Birthplace Baltimore

16 (a) Informant William A. Scroggs
(b) Address 19 North Highland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29/41 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location North Ave.

18 (a) Funeral director Lilly & Zeder Inc
(b) Address 403 S. Wolfe St.

19 (a) (Date received by Registrar) (b) Registrar

APR 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1941, at 3:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Shock — traumatic
Multiple fractures, bruises
Due to and head injuries
Due to and burns of trunk & thighs
Due to and legs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 1-5
(b) Date of occurrence 4-26-41
(c) Where did injury occur? 100 block N. Patterson Pk Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Auto. Trailer

23. Signature Howard J. Sheridan M.D. Medical Examiner.
Date signed 4-26-41

F 80068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80068 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 229 N. Luzerne Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1924 Aliceanna St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fredrick J. Buddemeyer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Sept 10/1882

8. AGE: Years 58 | Months 7 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: Laborere Harbor Board

11. Industry or business

FATHER

12. Name: Fredrick Buddemeyer

13. Birthplace: Germany

MOTHER

14. Maiden Name: Josehan

15. Birthplace: Germany

16 (a) Informant: Katherine Buddemeyer

(b) Address: 1924 Aliceanna St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28/41 (month) (day) (year)

(c) Cemetery or crematory: Oak Lawn Cem

Location: O'Donnell St.

18 (a) Funeral director: Lilly & Waterbury

(b) Address: 403 S. Wolfe St.

19 (a) Apr 28 1941 (Date received by registrar) (b) Martin F. Gilliam M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1941, at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1941, to April 24, 1941, and that I last saw h alive on April 24 1941.

Immediate cause of death: Tuberculosis of Larynx — Duration: 1 yr.

Due to: Pulmonary Tuberculosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Benj. B. Morse M. D.

Address 448 N. Luzerne Ave. Date signed

F 30069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 30069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 N Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Central Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Margrett Purviance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced Widow Purviance

6 (b) Name of husband or wife Joseph P.
6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) 1/27/1881

8. AGE: Years 60 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Music teacher

11. Industry or business Self

FATHER 12. Name Edward Marshall
13. Birthplace Md

MOTHER 14. Maiden Name Susan Lucas
15. Birthplace Md

16 (a) Informant Joseph P. Purviance
(b) Address 521 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. Co. Md.

18 (a) Funeral director Joseph D. Locke, Jr.
(b) Address 1824 N. Central Ave

APR 28 1941 (Date received by Registrar) (b) Huntingtown Williamsport Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1941, at 5:30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1941 to Apr 25 1941 and that I last saw h[illegible] alive on Apr 24 1941.

Immediate cause of death
Mitral Insufficiency — Duration 2 dy
Due to
Due to Bronchial Asthma — Duration 2 dy
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 1612 E Monument Date signed 4-25-41

F 80070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No.

F 80070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3432 Kennick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME William Hanrahan

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-0393

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1892

8. AGE: Years 49 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace New York (town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Patrick Hanrahan
13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Bergen
15. Birthplace Ireland

16 (a) Informant
(b) Address Hospital Record

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto City

18 (a) Funeral director J. Hisky
(b) Address 2-E. 36th

19 (a) APR 28 1941 (Date rec'd by registrar) (b) Entered by Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1941, to April 25 1941, and that I last saw him alive on 4-25 1941.

Immediate cause of death: Cardiac failure — Duration

Due to: Hepatic Insufficiency

Due to: Biliary Cirrhosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm McClung M. D.
Address Mercy Hosp Date signed 4-26-41

Wm McClung

F 80071

F 80071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 143 Light St.

(c) Hospital or institution: So. Balto. Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) (?)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1449 Reynolds St

(If rural give location)

(e) If foreign born, how long in U. S. A.? (?) years

3 (a) FULL NAME Joseph Jawor (Jaworski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 705 09-022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Car repairman Helper

11. Industry or business B & O R R Co

FATHER 12. Name John Jaworski

13. Birthplace Poland

MOTHER 14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant Josephine Jaworski

(b) Address 1449 Reynolds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W Ozarowski

(b) Address 1930 Eastern Ave

19 (a) [illegible] (b) [illegible] Registrar

APR 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1941, to 4-26 1941 and that I last saw him alive on 4-26 1941.

Immediate cause of death Bronchopneumonia Hypostatic

Due to

Due to

Other Conditions Cerebrovasc. accident Arteriosel. C-V disease.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. S. Levin

Address So. Balto. Gen Hosp. Date signed 4/26/41 (M.) (D.)

F 80072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 80072 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Essex St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
William Murawski (95052)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1913

8. AGE: Years 28 | Months 2 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Odd jobs

11. Industry or business

FATHER
12. Name Andrew
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Langet
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1934 Eastern Ave.

19 (a) APR 28 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1941, at 1:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8, 1941 to Apr. 26 1941, and that I last saw him alive on Apr. 26 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 Mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-26-41

F 80073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 80073

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST. JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 HRS.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE PARKVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8008 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY GIRL SCHERER Birth F 27062

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/26/41

8. AGE: Years | Months | Days | If less than one day 9 hr. 45 min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ROBERT SCHERER
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name EVELYN WILLING
15. Birthplace BALTIMORE

16 (a) Informant EVELYN WILLING
(b) Address 8008 HARFORD RD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director Peter J. Eisele
(b) Address 2700 Edmondson Av

19 (a) (b) Registrar

APR 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 26 1941, at 10^ M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 26 1941, to APRIL 26 1941, and that I last saw h alive on APRIL 26 1941.

Immediate cause of death — Duration

PREMATURITY

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Stupit MD M. D.
Address St Joseph Hosp Date signed 4/26/41

80074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 80074
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CONNIE SPENCE Birth F 14 5 17

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1940

8. AGE: Years | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Baby —
11. Industry or business

FATHER
12. Name Melvin Spencer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Odessa Jefferson
15. Birthplace Baltimore Md

16 (a) Informant Mother - Odessa Spence
(b) Address 1800 address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 28 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary County
Location Balto
18 (a) Funeral director Walter B. Driggs
(b) Address 139 W. Hamilton St.

19 (a) 4-28-41 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 8 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Burns, 2nd and 3rd degree entire body — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence April 26, 1941 about 2
(c) Where did injury occur? 55 E Centre St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Tucked over oil lamp

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 4-26-41

and clothes caught on fire

F 80075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930

F 80075 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Madison ave
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 1401 Madison Ave

3 (a) FULL NAME Ozella Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife million
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-08

8. AGE: Years	Months	Days	If less than one day
33 32	1		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Arthur Parham
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Hite
15. Birthplace Va.

16 (a) Informant Records — JOHNS HOPKINS HOSPITAL (b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory Arlington Location
18 (a) Funeral director Charles H. Burkett & Sons (b) Address 52 S Fremont St
19 (a) (Signature of registrar) (b) Registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941 at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1941 to Apr. 25 1941 and that I last saw her alive on Apr. 25 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive arteriosclerotic heart disease	
Due to	
Other Conditions Chronic pyelonephritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Farrow M. D.
Address Johns Hopkins Hosp. Date signed 4-27-41

F 80076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 80076 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI Hospital
(c) Hospital or institution: MONUMENT ST
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 28 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 N. PAYSON ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH RICHMAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOW

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 3 - 1860

8. AGE: Years	Months	Days	If less than one day
00 81	8	24	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business GROCER

FATHER
12. Name AARON RICHMAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant SAMUEL RICHMAN
(b) Address 755 - 8th ST S.E. WASH D.C

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location O'DONNEL ST.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto ST

Date rec'd by registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1941, at 2:00 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1941, to 4/27 1941, and that I last saw h[illegible] alive on 4/27 1941.

Immediate cause of death	Duration
Cardiac Failure	
Peritonitis	4 days
Due to Intestinal Obstruction	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4/22/41
Major findings of operation: Peritonitis
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold A. Freed M. D.
Address Levin's Hospt Date signed 4-27-41

F 80077 HEALTH DEPARTMENT—CITY OF BALTIMORE 80077

CERTIFICATE OF DEATH

Registered No. 11 46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine McImwold — If U. S. Veteran specify WAR

(a) Residence: No. 3717 Edgewood Ave. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry E. Imwold

6. DATE OF BIRTH (month, day, year) March 4, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Yehle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Harry E. Imwold

(Address) 3017 Edgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Date Apr. 29, 41

19. UNDERTAKER Lazarus Funeral Home

(Address) 7401 Belair Road

FILED ... 19... Huntington Nilliams, M... Registrar.

Apr 29 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1941

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1941, to 4/27, 1941

I last saw ... alive on 4/27, 1941. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	12 hrs.
Carcinoma of descending colon	2 mos?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harold A. Gross M. D.

(Address) W. B. & H.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80078 Registered No. 1151-E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 468 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5468 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter Ferdinand Huber F76283

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 5 1941

8. AGE: Years	Months	Days	If less than one day
—	—	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Ferdinand W. Huber
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Hilda Kraemmer
15. Birthplace Baltimore Maryland

16 (a) Informant Ferdinand W Huber
(b) Address 468 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore

18 (a) Funeral director A. B. Shippert & Son
(b) Address 1300 Eutaw Place

APR 28 1941 (Date received by Registrar) (b) Limitation for Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941 at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1941, to 4 Apr 1941, and that I last saw h[illegible] alive on 4/27 19 41.

Immediate cause of death Failure of Heart Closed Fat Embolism — Duration 24 hr

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation X

Major findings of operation: X

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury X

23. Signature A. E. Bacon M.D.
Address 390 Fairmount Blvd Date signed 4/28/41

F 80079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Orleans Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Marchioni (Marchioni)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 28 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69 ~~yrs~~	3	28		

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

MOTHER FATHER

12. Name Thomas Talamini

13. Birthplace Italy

14. Maiden Name Catherine Talamini

15. Birthplace Italy

16 (a) Informant John Marchioni

(b) Address 2805 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director J. J. Mogan

(b) Address 300 N. Bond St. Hunting for Williams, M.P.

19 (a) APR 28 1941 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1941, at 8:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary Embolism — Duration: 1 hr

Due to: Multiple fractures

Due to: 3 weeks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-18-1941
(c) Where did injury occur? Belmont Ave. & Fayette St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian, struck by Automobile

23. Signature Howard J. Madison Medical Examiner M.D.

Date signed 4-26-41

F 80080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 80080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 W Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 W Hamburg St (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William H Ridgway

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-6249

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Johanna Ridgwood
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/8/1884
8. AGE: Years 56 Months 4 Days 18 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Brass Moulder
11. Industry or business Brass Foundry

FATHER
12. Name Richard Ridgway
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna [redacted] Albert
15. Birthplace Maryland

16 (a) Informant Johanna Ridgway
(b) Address 2214 W Hamburg St Balto Md

17 (a) Buriel (Burial, cremation, or removal) (b) Date thereof 4/29/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Rd

18 (a) Funeral director Edward Toulson
(b) Address 2359 Wash Blvd

19 (a) APR 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1928 19 , to April 26 1941, and that I last saw h— alive on April 25 1941.

Immediate cause of death Carcinoma of Stomach
Internal hemorrhage
Due to Ca

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H Phillips M. D.
Address 1939 Edmondson Date signed 4-28-41

VS 3

F 80081

F 80081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Raynor & Dukeland

(c) Hospital or institution West Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 10 da.

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County 1

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Gorman ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard S. Hopkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-0502

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Rummey

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1880

8. AGE: Years 60 | Months 8 | Days 20 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Fidelity Life Ins Co

FATHER 12. Name George Hopkins

13. Birthplace Va

MOTHER 14. Maiden Name Anna Hall

15. Birthplace Md.

16 (a) Informant Mary F. Hopkins

(b) Address 18 Gorman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29/41 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson ave Balto Md

18 (a) Funeral director John Gillulakelly Sons

(b) Address 1900 Eutaw Place

19 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

8 2115

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to April 25 1941, and that I last saw him alive on April 25 1941.

Immediate cause of death: Abdominal Peritonitis — Duration: —

Due to Carcinoma

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Sigmoid Colon

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Leonard E. Blumenthal M. D.

Address W. B. G. H. Date signed 4/25/41

VS 3

F 80082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 146-E

F 80082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5025 Williston Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence M. Nugent

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. 2

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John D. Nugent 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1869

8. AGE: Years	Months	Days	If less than one day
72	2	13	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER	12. Name	Joshua Simson
	13. Birthplace	Md
MOTHER	14. Maiden Name	Johanna —
	15. Birthplace	Md

16 (a) Informant Florence J. Nugent
(b) Address 346 Marydel Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Fred. Road
18 (a) Funeral director John Cruikshank Sons
(b) Address 900 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Interment, removal, or cremation

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27- 1941, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1941, to 4-27-1941, and that I last saw her alive on 4-27 1941.

Immediate cause of death Post operative shock — Duration

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation 4-26-41

Major findings of operation: Annular carcinoma of sigmoid

of autopsy: Coronary sclerosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Lofe M.D. M. D.
Address St Agnes Hospital Date signed 4-28-41

80083 HEALTH DEPARTMENT—CITY OF BALTIMORE 80083

CERTIFICATE OF DEATH ✓ 112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Nortonia Road) 15-9 Ward

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. D. Fred Englar Sr. If U. S. Veteran specify WAR DAVID FREDERICK ENGLAR

(a) Residence: No. 3714 Nortonia Rd St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anny Myers

6. DATE OF BIRTH (month, day, year) March 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Dial Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Josiah Englar

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Teage

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT David F. Englar Jr

(Address) 9323 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Union Bridge Md Date April 30 19 41

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19..... Huntington Williams M.D.

Soc. Sec. No. 220-01-0464

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1941

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1941 to 4-27, 1941.

I last saw him alive on 4-27, 1941 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status asthmaticus	4-25-41
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold W. Gott M. D.

(Address) W. B. & G. H.

F 80084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Garrison Boulevard
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MARY ABIGAIL ROBERTS

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 1, 1868

8. AGE: Years	Months	Days	If less than one day
72	9	25	hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Roberts

13. Birthplace

MOTHER 14. Maiden Name Elizabeth Dobler

15. Birthplace Baltimore, Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cemetery

Location

18 (a) Funeral director Chas. J. Evans Son Inc

(b) Address 118 N. Mt. Royal Ave

19 (a) [illegible] 1941 (Date rec'd by registrar) (b) Hunting Town Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to April 26 1941, and that I last saw her alive on April 26 1941.

Immediate cause of death: Coronary occlusion — Duration: 2 days

Due to Arteriosclerosis — 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy not performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Edel M.D.

Address 3403 Garrison Blvd Date signed 4/27/41

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80085

F 80085

CERTIFICATE OF DEATH.

1a

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 805 W Fayette St (St.) 1 (Ward) 18

2-FULL NAME Sadie Ruth Bartlett

(a) RESIDENCE. No. 805 W. Fayette St. (St.) WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James G Bartlett

6 DATE OF BIRTH (month, day, and year): June 5. 1898

7 AGE: Years 42; Months 43; Days 10 22; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Augusta Ga

PARENTS

10 NAME OF FATHER: James M Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Mary Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: John A Shank

(Address): 3760 Roslem Ave

15 Filed ..... 19 .....

APR 28 1941

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-27 1941

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1941, to April 27, 1941, that I last saw her alive on April 27, 1941, and that death occurred, on the date stated above, at 9:25 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Esophagus or Stomach

(duration) yrs. mos. 2 dys.

CONTRIBUTORY (Secondary): Cirrhosis of Liver

Alcoholism (duration) 40 yrs. mos. dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) R. R. Myers M. D.

4-27 1941 (Address) 403 Med Arts Bg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westview

DATE OF BURIAL: 4/29 1941

20 UNDERTAKER: J M Roh

ADDRESS: 1217 H Pond St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-W

Registered No. F 80086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KARL LUDWIG

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-05-9664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	5	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Baker - retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Helen Kretzschmar
(b) Address 2400 W Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28/41 (month) (day) (year)
(c) Cemetery or crematory Londry Park
Location Baltimore Md

18 (a) Funeral director Mulberry Co
(b) Address 1210 E Fayette St

19 (Date received by registrar) APR 28 1941 (Signature of registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 6:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular	
Due to renal disease	
Due to	
Other Conditions ho (Include pregnancy within 3 months of death)	
Major findings: Of operations ho	
Of autopsy as above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.
Date signed 4-27-41

F 80087 cc 65522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 80087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andy Fulton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Jeanette (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William
13. Birthplace Md.

MOTHER 14. Maiden Name Allen Cosnell
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory Dog.
Location Laurel Md

18 (a) Funeral director Ambrose Dove
(b) Address 414 N Frankelintown rd

19 (a) (b)
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 11 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1941, to 4-26 1941, and that I last saw him alive on 4-26 1941.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to Cardiac failure	10 days
Due to Arteriosclerotic H. Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard C. Rollins M. D.
Address Balto. City Hosp. Date signed 4-27-41

F 80088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 E. BALTO. ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam Weisner

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	MARRIED

6 (b) Name of husband or wife MOLLIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation STONE CUTTER

11. Industry or business

FATHER
12. Name MORRIS WISNER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant HOSPT RECORDS
(b) Address

17 (a) BURIAL (b) Date thereof 4-28-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location O'DONNELL ST

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) APR 28 1941 (b)
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1941 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1941, to 4/27 1941, and that I last saw h[illegible] alive on 4/27 1941.

Immediate cause of death pulmonary edema — Duration

Due to heart failure

Due to hypertensive arteriosclerotic Cardio-vascular disease

Other Conditions hemiplegia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stein M. D.
Address Sinai Hospital Date signed 4/27/41

F 80089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80089
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 N Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 916 N Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Johnson Booker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Eddie Booker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1890

8. AGE: Years	Months	Days	If less than one day
50	6	18	hr. min.

9. Birthplace Northumberland Co Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Fred Adams
13. Birthplace Va

MOTHER
14. Maiden Name Arbellis Johnson
15. Birthplace Va

16 (a) Informant Arbellis Clayson
(b) Address 917 Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

APR 28 1941
(Date rec'd by registrar)
(b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1941, at 6:59 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1941 to April 24 1941.
and that I last saw h[illegible] alive on April 24 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 749 Longwood Date signed April 27 1941

VS 3

80090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 80090

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 W. Lafayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl White Birth F 27091

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-41

8. AGE: Years | Months | Days 1 | If less than one day 15 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Charles Henry White

13. Birthplace Baltimore

MOTHER 14. Maiden Name Frances Marie Roberts

15. Birthplace Reisterstown Md

16 (a) Informant Mother

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 28 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) APR 28 1941 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1941, to 4-22 1941, and that I last saw her alive on 4-22 1941.

Immediate cause of death [redacted] Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J K B E Seyer, Jr. M.D. M. D.

Address Maternity Hospital Date signed

VS 3

6444

Wm Lamar

F 80094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No. F 80094

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or Institution: South Balto. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 124 W. Mat St. (If rural give location)

(e) If foreign born, how long in U. S. A.) years

73

3 (a) FULL NAME William Lamar

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-7568

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	B.	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Cascius Lamar

13. Birthplace N. C.

MOTHER 14. Maiden Name Jane Collins

15. Birthplace N. C.

16 (a) Informant Williams Lamar

(b) Address 124 W. Mat St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 28 1941

Commissioner of Health

18 (a) Funeral director

(b) Address Fdk H. A. Moore

19 (a) APR 28 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 9 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941, to April 25 1941, and that I last saw h[illegible] alive on April 25 1941.

Immediate cause of death Unresolved pneumonia — Duration 4 weeks

Due to

Due to

Other Conditions pleurisy — Duration over

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address South Balto Gen Hosp. Date signed 4/25/41 M. D.

VS 3

80092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Baltimore Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Rogers Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Radclyffe Smith F 27090

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-41

8. AGE: Years	Months	Days	If less than one day
Newborn			10 hrs min.

9. Birthplace University of Maryland Hospital (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Charles O'Neill.
13. Birthplace Centreville, Maryland.

MOTHER
14. Maiden Name Dora Elizabeth Radclyffe
15. Birthplace Ellicott City Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 28 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore.

19 (Date received by registrar) APR 28 1941 Huntington Williams M.D. 6448

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1941, to April 22 1941. and that I last saw him alive on April 22 1941 4 am

Immediate cause of death	Duration
Premature Labor	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. B. Scott, Jr. M.D. M. D.
Address Date signed

F 80093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 80093

Registered No.

SS 65112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 2-13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 520 Rogester St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Perkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Mar 15 - 1895

8. AGE: Years	Months	Days	If less than one day
45	5	15 23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Charles Bell (d)

13. Birthplace Md.

MOTHER

14. Maiden Name Sara Phebus (d)

15. Birthplace Md.

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 41 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location 5712 O'Donnell St

18 (a) Funeral director Math. H. Diggel

(b) Address 37 S. Ann St

19 (a) APR 28 1941 (Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-1941, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10-1941 to 4-28-1941, and that I last saw h[illegible] alive on 4-28-1941.

Immediate cause of death	Duration
Cardiac Failure	P
Due to Chronic Nephritis	P
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 4-28-41

F 80094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provt Bapt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2451 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stewart Giles

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife Lillie Giles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jerry Giles
13. Birthplace Piedmont S.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lillie D Giles
(b) Address 2451 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Rd.

18 (a) Funeral director Louis P. Dashiell
(b) Address 1006 Penna. Ave

19 (a) APR 29 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1941, at 2:53 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Spontaneous

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Mueller M.D.
Medical Examiner.

Date signed 4-26-41

F 80095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80095 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Edgemont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Edgemont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Lou Littman

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis L. Littman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 28, 1873

8. AGE: Years 67 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace: Smithfield, N. C. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Isaac W. Grice
13. Birthplace: Samson, CO. N. C.

MOTHER
14. Maiden Name: Susan Oats
15. Birthplace: Samson, Co. N. C.

16 (a) Informant: Mr. Louis L. Littman
(b) Address: 2310 Edgemont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1941 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Balto. Co. Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Aves.

19 APR 28 1941 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1941, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1941 to April 27 1941, and that I last saw her alive on April 10 1941.

Immediate cause of death: Coronary occlusion — Duration 1 Hr.
Due to: Coronary Sclerosis — 3 Yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurr[redacted] at M
(c) Where did inju[redacted] (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carolyn Stewart M. D.
Address 405 N. Charles St. Date signed

F 80096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 80096

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4410 Greenway

(c) Hospital or institution:

27-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4410 Greenway (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BIRDIE MABBETT WARD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edw. L. Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1872

8. AGE: Years	Months	Days	If less than one day
69	0	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Abram J. Mabbett

13. Birthplace New York

MOTHER

14. Maiden Name Anna S. Whitaker

15. Birthplace Harford Co., Md.

16 (a) Informant Mr. Edw. L. Ward

(b) Address 4410 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

APR 28 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1926, to April 27 1941, and that I last saw h[illegible] alive on April 26 1941

Immediate cause of death	Duration
Myocarditis	4 years
Due to arteriosclerosis	?
Due to Cerebral apoplexy	1935
Other Conditions Chr. Rheumatic - Ventral Hernia	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury

23. Signature Wetherbee Fort M. D.

Address 20 E. Preston St. Date signed 4/28/41

80097

SS 65241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-E

F 80097
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. Lee St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Skinner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/26

8. AGE: Years	Months	Days	If less than one day
15	1	0	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name James
13. Birthplace N. C.

MOTHER
14. Maiden Name Eleanora Williams
15. Birthplace N. C.

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof April 29 (month) (day) (year)
(c) Cemetery or crematory Mt Cadmus and
Location

18 (a) Funeral director Ernest Pree
Address 139 Hamburg St

19 (a) (Date rec'd by registrar) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1941, at 7:46 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15- 1941, to 4-25- 1941, and that I last saw h alive on 4-25- 1941.

Immediate cause of death: Acute rheumatic fever — Duration: 8 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Primary defect

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-27-41

F 80098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 80098 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 N. Wolfe St.
(c) Hospital or institution: 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Wolfe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Edward Price

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed.

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-19-1875

8. AGE: Years	Months	Days	If less than one day
66	0	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Collector
11. Industry or business Furniture

FATHER
12. Name Joseph Price
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Slaymen
15. Birthplace Balto. Md.

16 (a) Informant Daughter
(b) Address 1620 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 41-01 N. Broadway

19 (a) APR 28 1941 (Date rec'd by registrar) (b) Huntington Wil... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to April 26 1941, and that I last saw h... alive on April 26 1941.

Immediate cause of death	Duration
Cardiac failure	
Due to Weakness	
Due to Carcinoma of [illegible] Large Bowel	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Gertman M. D.
Address 1642 N. Washington St. Date signed 4/26/41

VS 8

F 80099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 80099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 S. Lehigh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S. Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPHINE MESSINIO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Frank Messinio
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1912

8. AGE: Years	Months	Days	If less than one day
28	11	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name
13. Birthplace unknown

MOTHER
14. Maiden Name
15. Birthplace unknown

16 (a) Informant Frank Messinio
(b) Address 316 S. Lehigh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md

18 (a) Funeral director Albert V. Perego
(b) Address 440 E North Ave

19 (a) 4-23 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Unk

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed April 26 1941

VS 6

F 80100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80100 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Frank Piatkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-9088

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married ?

6 (b) Name of husband or wife Eleonora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
56 55			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Konstanty Piatkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Kowalska
15. Birthplace Poland

16 (a) Informant Mrs Agnes Lechert niece
(b) Address 216 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 402 S Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

APR 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1941, to April 26 1941, and that I last saw him alive on April 26 1941.

Immediate cause of death: Lobar pneumonia — Duration: 10 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Fusting M. D.
Address Bon Secours Hospital Date signed 4-26-41

80101 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80101

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 E Hamburg St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augustus L. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 117 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Joseph Woodward

(Address) 119 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 28 1941 19
Commissioner of Health

19. UNDERTAKER Per H. A. Myers

(Address)

20. FILED APR 28 1941 19 Huntington Williams M.D. Registrar.

6447

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1941 to April 17, 1941

I last saw him alive on April 16, 1941 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4/14/41
Other contributory causes of importance:	
acute dilitation of heart	4/16/41

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If

(Signed) H. K. Campbell M. D.

4/21/41 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information required by this certificate is necessary for the legal protection of the family and the records of the City. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-2

80102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 ✓ Registered No. F 80102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Yugoslavia (b) County
(c) City ~~or town~~ Croatia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (SS. Puna Peak Pier 11, Cantar)
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivan Tijan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 50			hr. min.

9. Birthplace Yugoslavia (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Maritime

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 28 1941 Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) APR 28 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

6449

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing Injury of face	
Due to Fracture of Cranium and Cerebral Hemorrhage	
Due to Strangulation by Asphyxia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4/10/41
(c) Where did injury occur? 708 So Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fighting with shipmates

23. Signature H. B. VanderVeyst M.D.
Medical Examiner.
Date signed 4/28/41

80103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 W Registered No. F 80103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD P. WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-9994

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joanna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22 1881

8. AGE: Years 60 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Joseph Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily ?
15. Birthplace Maryland

16 (a) Informant Joanna Williams
(b) Address 947 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Dat. rec'd by registrar) APR 28 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1941, at 6:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic Cardio-
Due to Vascular Disease

Due to

Other Conditions Ununited fracture left femur.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-15-41 this year
(c) Where did injury occur? Luton St. bet. Saratoga & Lexington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No - he fell.
(Specify type of place)
(e) Means of injury Passenger: Struck by moving automobile

23. Signature Howard J. Moreau M.D.
Medical Examiner.

Date signed 4-28-41

VS 6

over

80104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Saint Marys

(c) City or town Scotland (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert A. Ridgell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Sulu

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
61 6T			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hosp. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)

(c) Cemetery or crematory Poplar Hill

Location Valley Lee Md

18 (a) Funeral director P. B. Robinson

(b) Address Leonardstown Md

19 APR 28 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1941, to 4-28 1941 and that I last saw him alive on 4-28 1941.

Immediate cause of death Respiratory failure — Duration —

Due to Bronchial Pneumonia —

Due to Pneumococcal Meningitis 8 days

Other Conditions Arteriosclerotic C.V.D.

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy See above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. D. Mackenzie M.D.

Address Mercy Hospital Baltimore, Md. Date signed 4/28/41

(Over)

F 80105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-13

F 80105 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Calvin Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Jackson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Frank Mc Nanney~~ FRANCIS JOHN McNANEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7272

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1911

8. AGE: Years	Months	Days	If less than one day
29	11	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Grocer.

FATHER
12. Name Joseph McNaney.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Schmidt
15. Birthplace Md.

16 (a) Informant Loretta R Schmuck
(b) Address 1632 Jackson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Bernard E Hartle
(b) Address 121 E Mast St

19 (a) APR 28 1941 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1941, at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941 to 4-28 1941, and that I last saw him alive on 4-25 1941.

Immediate cause of death R Pneumonia
Endocarditis &
pass Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl Parks
Address St Agnes Date signed 4/28

VS 3

80106
OF 65351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 P

Registered No. F 80106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) ? days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Durham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Dausch (or) Eva A.S. Dausch

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-1550

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Anthony J

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 2, 1905

8. AGE: Years	Months	Days	If less than one day
35	9	24	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name James M. Kelleram (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Josephine Cutman
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 29 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Mort. M.E. Diffenderffer Sons
(b) Address Lombard & Arch Sts

19 APR 28 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1941, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19- 1941, to 4-26- 1941, and that I last saw h-- alive on 4-26- 1941

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to: Brain Tumor — ?
Due to: — own
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy Brain Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps Date signed 4-27-41

F 80107 OF 65232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 80107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 508 N. Brice Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Noah Cullison

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1876

8. AGE: Years	Months	Days	If less than one day
65	1	-	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: painter

11. Industry or business: unemployed

FATHER

12. Name: James

13. Birthplace: Baltimore

MOTHER

14. Maiden Name: Zennie ?

15. Birthplace: Baltimore

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)

(c) Cemetery or crematory: London Park

Location: Balto. Md.

18 (a) Funeral director: William Cook

(b) Address: 1217 St. Paul St

APR 29 1941 (Date rec'd by registrar) (b) Registrar

Harold F. Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1941 to 4-28 1941, and that I last saw h im alive on 4-28 1941.

Immediate cause of death	Duration
Generalized arteriosclerosis	?
Due to Arteriosclerotic nephritis	?
Due to Cystitis	?
Other Conditions Uremia	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.

Address Baltimore City Hosp Date signed 4-28-41

F 80108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

F 80108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L. Slaysman

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Ida T. Slaysman

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept 26 1862

8. AGE: Years 78 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Proprietor

11. Industry or business Printing

FATHER
12. Name Mahlon Slaysman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Bowie
15. Birthplace Balto. Md.

16 (a) Informant William T. Slaysman
(b) Address 2116 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 1941 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

APR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941 to 4-28 1941, and that I last saw h.m. alive on 4-28 1941.

Immediate cause of death: Uremia — Duration: Few hrs.

Due to: Carcinoma Prostatis Hypertrophy

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Townsend Jr. M. D.
Address University Hospital Date signed 4-28-41

F 80109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 80109
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. & Herring Run
(c) Hospital or institution: Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 S. Bonsal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FRED Solowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9338

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Solowski

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/31/01

8. AGE: Years 39 | Months 3 | Days 27 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business

FATHER
12. Name Wm. Solowski
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Kemp
15. Birthplace Germany

16 (a) Informant wife
(b) Address 1117 S. Bonsal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2028 Orleans St

19 (a) APR 29 1941 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1941, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1941, to 4/28 1941, and that I last saw h[illegible] alive on 4/28 1941

Immediate cause of death: Meningitis Lobar Pneumonia — Duration: 2 wks 3 wks
Due to: Pneumococcus, Type II
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address 4-28-41 Sydenham Hosp. Date signed

VS 3

F 80110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80110

Registered No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Green Willow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augustus Turner (64028)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3666

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mary Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1902

8. AGE: Years	Months	Days	If less than one day
38	8	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Carey
13. Birthplace Va.

MOTHER
14. Maiden Name Willa Ann ?
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.g.l. Greenmount Ave
18 (a) Funeral director A.S. Abbott & Sons
(b) Address 918 Druid Hill Ave
19 (a) Date received by registrar 5-9-1941 (b) Registrar's signature Evelyn Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28, 1941 to Apr. 27 1941, and that I last saw him alive on Apr. 27, 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp Date signed 4-28-41

F 80111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80111

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 Mangold St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Mangold St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Rosa Martha Ledergerber

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed.

6 (b) Name of husband or wife

6 (c) If married, date of birth Sept 18, 1865 years

7. Birth date of deceased (mo., day, yr.) April 28 1865

8. AGE:

Years	Months	Days	If less than one day
75	7 o	10 d	hr. min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name not known
13. Birthplace Switzerland

MOTHER
14. Maiden Name not known
15. Birthplace Switzerland

16 (a) Informant John Albert Ledergerber
(b) Address 215 Mangold St

17 (a) (Burial, cremation, or removal) **(b) Date thereof** 5-1-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park,
Location 3801 Frederick Ave (Balto)

18 (a) Funeral director Mabel A Leimbach
(b) Address 525 N. Lyndhurst St.

APR 29 1941

(Registrar) Hunting ft Williams Hospital

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at 1.50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to Apr. 28 1941, and that I last saw her alive on Apr. 27, 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	2 months
Due to Arteriosclerosis	2 years
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Cates M. D.

Address 517 Scott St. **Date signed** 4-28-41.

F 80112 F 80112

SS 65339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVE BEFORE FOLDING FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 913 Booth St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mamie Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/14/1893

8. AGE: Years	Months	Days	If less than one day
47	10	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER

12. Name Henry

13. Birthplace Md.

MOTHER

14. Maiden Name Charity Myers

15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs I Cate R Williams

(b) Address 372 N. Schroeder St

APR 29 1941 (Date rec'd by registrar)

(b) Huntingtown Williams Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1941, to 4-28 1941, and that I last saw h[illegible] alive on 4-28 1941

Immediate cause of death Lobar Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Carcinoma of uterus & vagina

(Include pregnancy within 3 months of death)

Date of operation 4-24-41

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H H Kaylor M. D.

Address Balto City Hosp Date signed 4-28-41

VS 3

F 80113

Fuqua

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 80113
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Leeds St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Leeds St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida M. Fuqua

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Dudley Fuqua

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1881

8. AGE: Years 60 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Catonsville Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Maria Williams
15. Birthplace Catonsville Md

16 (a) Informant Esther Thomas
(b) Address 3115 Leeds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

APR 29 1941 (Date filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1941, at 12:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1941, to Apr 25 1941, and that I last saw h alive on Apr 7 1941.

Immediate cause of death

Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 mos
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Statter M. D.
Address 1775 Fairfax Date signed 4-27-41

VS 8

F 80114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 43
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Earl G. L. Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Late Wilhelmina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1856

8. AGE: Years 85 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Machinist

FATHER
12. Name Kramer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Fulton A. Kramer
(b) Address 2725 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30/41. (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry B. Griffith
(b) Address 4101 E. Monument Ave.

19 (a) Apr 29 1941 (b) [illegible] Registrar [illegible] Assistant Registrar

APR 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28. 1941. at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1941 to 4/28 1941 and that I last saw him alive on 4/28 1941.

Immediate cause of death: Myocardial failure — Duration 2 wks.
Due to Arteriosclerosis. (?).
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David E. Boyer M.D.
Address 1905 W. Baltimore St. Date signed 4/29/41

F 80115

F 80115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace md

MOTHER
14. Maiden Name Maud Palmer
15. Birthplace md

16 (a) Informant Maud Johnson
(b) Address 302 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Taylor
(b) Address 1142 Wolfe St

19 (a) APR 29 1941 (Registered by registrar) (b) Huntington Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1941, at 2:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1941, to 4-27 1941, and that I last saw h[illegible] alive on 4-27 1941.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	28 days
Due to Rheumatic Heart Disease	4 mos.
Due to	
Other Conditions Mitral insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Hemmeter M. D.
Address Provident Hosp. Date signed 4-27-41

F 80116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 5da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo. 5da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Modestown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Francis LONG

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1876

8. AGE: Years	Months	Days	If less than one day
64	5	24	hr. min.

9. Birthplace Modestown, Virginia (Town, county, and state)
10. Usual Occupation Purser
11. Industry or business Seafaring

FATHER
12. Name William L. Long
13. Birthplace Modestown, Virginia

MOTHER
14. Maiden Name Fannie C. West
15. Birthplace Modestown, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Modestown Cem't.
Location Modestown, Va.

18 (a) Funeral director J. W. Johnson Sons.
(b) Address Parksley, Va.

19 (a) (b)
(Date rec'd by registrar) APR 29 1941 Registrar for William [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1941, at 2:31 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1941, to April 25, 1941, and that I last saw h[illegible] in alive on April 25, 1941.

Immediate cause of death	Duration
Cardiac disease, myocardial failure	1 week
Due to Auricular fibrillation, myocarditis chronic	7 years
Due to Arteriosclerosis, general	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2/21/41
Major findings of operation: Proctoscopy
Malignancy found
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Archer

23. Signature [signature]
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/25/41 M. D.

F 80117

F 80117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5901 Marluth Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2054 E. Federal St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-1

3 (a) FULL NAME MINNIE WEISSING

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Weissing, Sr.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Louis H. Kroll
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hoffman
15. Birthplace Germany

16 (a) Informant Henry Weissing, Jr.,
(b) Address 3111 Harview Ave.,

17 (a) Burial (b) Date thereof April 30/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave Balto Co

18 (a) Funeral director John Ulbrich
(b) Address 2008 Orleans St

APR 29 1941
(Date rec'd by Registrar) (b) Livingston Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1940 to Apr. 27 1941, and that I last saw h[illegible] alive on Apr. 26 1941.

Immediate cause of death Cardio-Vascular dis — Duration ?

Due to Left Bundle Branch Block — Nov 1940

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 5214 York Rd Balto Md. Date signed 4/28/41

F 80118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-9

F 80118
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 ALDERSHOT ROAD
(c) Hospital or institution —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 ALDERSHOT RD (If rural give location)
(e) If foreign born, how long in U. S. A.? 71 years

3 (a) FULL NAME CHARLES HOFMANN

3 (b) If veteran, name war —

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ELIZABETH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation BARBER
11. Industry or business —

FATHER
12. Name HENRY HOFMANN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant ELIZABETH HOFMANN
(b) Address 628 ALDERSHOT RD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 - 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Haugaard Sons
(b) Address 60 E Washington Blvd

19 (a) APR 29 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1935, to April 28 1941, and that I last saw him alive on April 27 1941.

Immediate cause of death	Duration
CORONARY OCCLUSION	10 DAYS
Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	
Due to ARTERIOSCLEROSIS	1935
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Edward F Milan M. D.
Address 60 E Washington Blvd Date signed 4-28-41

VS 3

F 80119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 80119
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Shutter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
William Clifton Payne (Willie) (65397)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-7808

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1913

8. AGE: Years 27 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name James Payne
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Thomas
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore County

18 (a) Funeral director Roberts & Young
(b) Address 804 N. Caroline St.

19 (a) [illegible]
(Date rec'd by registrar) APR 29 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1941, to Apr. 26 1941, and that I last saw him alive on Apr. 26 1941.

Immediate cause of death
#1 Sp. Meningitis
? The stiffness & drawing
Due to axillary, Rt. serious
Due to Sinus (Dietary)
Other Conditions

Duration
6-10 hrs
?

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operations
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-27-41 M. D.

80120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 E. Preston St.
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME LIDA ELIZABETH DUNCAN

3 (b) If veteran, name war *-----
3 (c) Social Security Account No. -----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles, W. Duncan
6 (c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): July 4, 1892
8. AGE: Years 48 | Months 9 | Days 22 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: George Henry Chester
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Leach
15. Birthplace: Columbus, Ohio.

16 (a) Informant: Charles W. Duncan
(b) Address: 403 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location:

18 (a) Funeral director: Chas. J. Evans Son Inc.
(b) Address: 118 N. Mt. Royal Ave

19 (a) 10 (Date received by registrar) (b) Huntington Hillsboro, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 2.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1939 to Apl 25, 1941, and that I last saw her alive on Apl 25, 1941.

Immediate cause of death	Duration
Myocarditis,	
Due to Chronic Nephritis,	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hugh Forsythe, M.D.
Address: 424 E. North Av. Date signed: 4.30.41

F 80121

JACOBSON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80121 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Granby St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Granby St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Celia Rose Jacobson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Phillip Jacobson

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): 1884

8. AGE: Years 57 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Home Wife

11. Industry or business

FATHER
12. Name: Pinkus Karo
13. Birthplace: Russia

MOTHER
14. Maiden Name: Rachael
15. Birthplace: Russia

16 (a) Informant: Husband
(b) Address: 1010 Granby St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-29-41 (month) (day) (year)
(c) Cemetery or crematory: H. of G. M. & R. Assn
Location: Baltimore County Md

18 (a) Funeral director: Levi Lewis Inc
(b) Address: 1439 E. Balto St

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941 at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1941 to 4/28 1941, and that I last saw h[illegible] alive on 4/28 1941.

Immediate cause of death	Duration
acute Cardiac dilatation	
Due to acute Coronary thrombosis	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S C Feldman M. D.
Address 1443 E Balto St Date signed 4/29/41

80122

F 80122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

192 D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 Harlem Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Baskerville

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Colored	Widowed

6 (b) Name of husband or wife Nat Cannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/1892

8. AGE: Years	Months	Days	If less than one day
48	11	12	— hr. — min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Henry Baskerville
13. Birthplace Va.

MOTHER
14. Maiden Name Jannie Bowles
15. Birthplace Va.

16 (a) Informant Florence Mathews
(b) Address 1534 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/44 (month) (day) (year)

(c) Cemetery or crematory South Hill
Location South Hill, Va.

18 (a) Funeral director Geo. L. Nelson
(b) Address 1303 Pace St. Hyattsville, Md.

19 (a) (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1944, at 2.8. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1944 to Apr. 27 1944 and that I last saw h alive on Apr. 27 1944.

Immediate cause of death Valvular Heart Disease

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation: no

of autopsy: no

Duration: 3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Shelton M. D.

Address 209 Upshur St. Date signed 4/28/44

F 80123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 80123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barney McGlone
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-82

8. AGE: Years 58 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Adam McGlone
13. Birthplace Pa.

MOTHER 14. Maiden Name Mary ?
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] APR 29 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 APR 29 1941 (Date rec'd by registrar) 6451 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1941 at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1941, to Apr 24 1941, and that I last saw [illegible] alive on Apr 24 1941.

Immediate cause of death Profuse hemorrhage from throat — Duration

Due to Cancer of throat

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F. Hamman M.D.
M. D.
Address J. H. Hosp. Date signed 4-29-41

VS 3 ?

F 80124 or 65343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60-a F 80124 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Davenport (Bernice) Birth F 6756

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1941

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Rudolph Earl
13. Birthplace Maryland

MOTHER
14. Maiden Name Bernice Davenport
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-24-41 (month) (day) (year)
(c) Cemetery or crematory B. C. H. 11 A.m.
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) APR 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1941, at 2.20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941 to April 18 1941, and that I last saw h.... alive on April 18 1941.

Immediate cause of death: Intracranial hemorrhage — Duration 2 days

Due to: Birth injury

Due to:

Other Conditions: Bilateral hydronephrosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bilateral hydronephrosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 4/27/41

F 80125 ✓ F 80125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 W. Lexington St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) – 20
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Gerken
3 (b) If veteran, name war –
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife John H. Gerken
6 (c) If alive, give age – years
7. Birth date of deceased (mo., day, yr.) July 5, 1866
8. AGE: Years 74 | Months 9 | Days 22 | If less than one day ... hr. ... min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business –

FATHER
12. Name Peter Trier
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace –

16 (a) Informant Herman J. Trenckel
(b) Address 2030 W. Lexington St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 30 1941 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Loudon Park
18 (a) Funeral director C. Raymond Kaufman
(b) Address 927 Leeds Avenue
19 (a) (Date received by registrar) (Huntington Hillman M.D. Registrar)
APR 30 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1941, at 6 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to Apr 27 1941, and that I last saw h. Ealive on Apr 27 1941.

	Duration
Immediate cause of death: Myocarditis, Pulmonary Oedema	4 yrs
Due to Senile Hypertension Sclerosis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence –
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard Kalm
Address 2027 Kloss Date signed Apr 30 1941

F 80126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80126
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry H Gamble

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E Beyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1890

8. AGE: Years	Months	Days	If less than one day
50	9	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Linotype Operator
11. Industry or business Cinema

FATHER
12. Name James A Gamble
13. Birthplace Md

MOTHER
14. Maiden Name Annie D. McGlothlin
15. Birthplace Md

16 (a) Informant Eugene Gamble (Bro)
(b) Address 40 So Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/29/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North ave. & Gay

18 (a) Funeral director Harry W. Fitzke
(b) Address 4101 Edmondson ave

19 (a) APR 29 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 4/29/41

VS 6

80127

HEALTH DEPARTMENT—CITY OF BALTIMORE

80127

CERTIFICATE OF DEATH

9th a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 E. 30st St. St. 9-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George F. Bauer

(a) Residence: No. 2023 E. 30st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: no S.S. no.

6. DATE OF BIRTH (month, day, year): March-25-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59Yrs	1Mo.	3Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: George Bauer

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Lona Schaefer

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Leona M, Mentis 2023 E. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL: May-1-1941

Place: Holy Redeemer Cem. Date ... 19

19. UNDERTAKER (Address): Henry Hoeck & Son Inc. 1301 E. Eager St.

20. Filed APR 29 1941 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April-28-1941

22. I HEREBY CERTIFY, That I attended deceased from 2-28-1940 to 4-28-1941

I last saw him alive on 4-26-1941. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	2-28-40
Arteriosclerosis	Unknown
Other contributory causes of importance:	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm B. Ayton M. D.

(Address) 2302 Harford ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

80128

4135-307 above

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 E. Clement St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 E. Clement St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Barbara Voelkel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Voelkel (Deceased)
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) March 8, 1865
8. AGE: Years 76 | Months 1 | Days 19 | If less than one day ... hr. ... min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name John ?
13. Birthplace Germany

MOTHER
14. Maiden Name Dora ?
15. Birthplace Germany

16 (a) Informant John M. Voelkel (Son)
(b) Address 4366 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore Md.

18 (a) Funeral director A. Bernard Evans
(b) Address 1400-02 E. Chas. St.

19 (a) APR 29 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1941, at 9:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25, 1941, to April 27, 1941, and that I last saw h[illegible] alive on April 27, 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	
Due to	
Due to	
Other Conditions: Essential Hypertension.	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. B. Friedman, M. D.
Address 1319 Light St. Date signed 4/28/41

F 80129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Scott st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Scott st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary H Blank.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband or wife Henry Blank. Dead 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/9/1861

8. AGE: Years	Months	Days	If less than one day
79	6	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Perry Bell.
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Margret Seymore
15. Birthplace Balto Md

16 (a) Informant Mary Fitzgerald
(b) Address 709 Scott st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick rd

18 (a) Funeral director Ambrose Inc.
(b) Address 44 N Franklintown rd

19 (a) APR 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941 to April 28 1941, and that I last saw her alive on April 27 1941.

Immediate cause of death	Duration
Cardio Vascular Disease	
Due to Arteriosclerosis	1941
Acute Bronchitis due to Respiratory Infection	4-17-41
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward T Pelan M.D.
Address 682 Washington Blvd Date signed 4-29-41

F 80130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 80130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2334 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1953 2334 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? -------- years

3 (a) FULL NAME Anna Teresa Geiser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 16, 1868

8. AGE: Years	Months	Days	If less than one day
72	10	12	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name John Geiser
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna Cahill
15. Birthplace Ireland

16 (a) Informant Miss Ella Madden
(b) Address 2334 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) APR 29 1941 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at 5.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26-1941 to 2-28-1941 and that I last saw her alive on 2-27-1941.

Immediate cause of death: Cardio-vascular renal disease, Arteriosclerosis — Duration: Unknown

Due to

Due to

Other Conditions: Angina Pectoris — Duration: 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Lytle M. D.
Address 2802 Hartford Ave Date signed 4-29-41

F 80131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-3

Registered No. E 80131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Carter Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E Huff

3 (b) If veteran, name war | **Social Security Account No.** 705-10-6439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Minnie A Huff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1895

8. AGE: Years	Months	Days	If less than one day
45 46	3	5	hr. min.

9. Birthplace Hornell N.Y. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business

FATHER
12. Name Chas S. Huff
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Minnie Huff
(b) Address 5307 Carter Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Buck
(b) Address 5305 Harford Rd

APR 29 1941 Registered by Mattie J Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1941, to 4-28 1941, and that I last saw h alive on 4-28 1941.

Immediate cause of death Cerebral Thrombosis — Duration 10 days
Due to arteriosclerosis generalized
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St Josephs Date signed 4-29-41

Call Dr Leary

80132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

F 80132 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Ruckert
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Harris Birth F 19835

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/30/40

8. AGE: Years | Months: 4 | Days: 30 29 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ~~Chas Oldham~~
13. Birthplace Chancelor Harris

MOTHER
14. Maiden Name Sue Oldham
15. Birthplace

16 (a) Informant Chancelor Harris
(b) Address 3104 Ruckert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard Luck
(b) Address 530 Hartford Rd

19 (a) APR 29 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1941 at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 19 to 4/29 1941 and that I last saw h~~e~~r alive on 4/29 19 41.

Immediate cause of death: Pulmonary Edema — Duration 24 hrs
Due to: Cardiac decompensation — 24 hrs
Due to: Congenital Cardiac Hypertrophies — From Birth
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Congenital Cardiac Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Oldham M. D.
Address Sinai Hosp. Date signed 4/29/41

F 80133

F 80133

Dorgen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80133 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Doxgen ✓

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband ~~or wife~~ William L. Doxgen
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 2, 1874

8. AGE: Years	Months	Days	If less than one day
67	0	26	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name John Murray.
13. Birthplace Ireland.

MOTHER
14. Maiden Name unknown
15. Birthplace Ireland

16 (a) Informant Miss Mary L. Doxgen
(b) Address 410 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto-City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4411 Park Heights.

19 (a) Apr 30 1941 (Date received by local registrar) (b) Hunter ~~Hunter~~ Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28- 1941, at 5 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1941, to 4-28 1941 and that I last saw h[illegible] alive on 4-28 1941.

Immediate cause of death Congestive failure, arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions pleurisy with effusion of the rt. chest. (Include pregnancy within 3 months of death) over

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lehmenon M. D.
Address St. Josephs Date signed 4-28-41

Call Dr. Henry

F 80134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 80134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5257 Linden Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 5257 Linden Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Sullivan

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas A. Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 10, 1878

8. AGE: Years 62 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace: Carroll County, Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: at home

FATHER
12. Name: unknown
13. Birthplace: Md.

MOTHER
14. Maiden Name: Amanda Leister
15. Birthplace: Md.

16 (a) Informant: Mrs. Charles A. Kempter,
(b) Address: 5257 Linden Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore City.

18 (a) Funeral director: G. Vernon Lemmon
(b) Address: 4611 Park Heights Ave.

19 (a) (b)

Date received by registrar APR 29 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1941 at 8.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1941, to Apr 26 1941, and that I last saw alive on Apr 26 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4/26/41

Due to: Mitral Insufficiency — Duration: 2 yr.

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm D. Dalat M.D.
Address 4803 Park Heights Date signed 4/28/41

F 80135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 80135 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) - -
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Broadway (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME MAXWELL HAMILTON REDMOND

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Louise K. Schneider
6 (c) If alive, give age 58? years

7. Birth date of deceased (mo., day, yr.) Aug. 9. 1877

8. AGE: Years	Months	Days	If less than one day
63	8	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business retired 15 years

FATHER
12. Name John Redmond
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Keturah Young
15. Birthplace Virginia

16 (a) Informant Mrs. Louise K. Redmond
(b) Address 21 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30. 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md. by F. Sander

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) APR 29 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1941 at 4.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1941 to 4/27 1941, and that I last saw him alive on 4/26 at 1941.

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Due to Chronic Myocarditis

Duration
1

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. J. Sander M. D.
Address 169 N. Miller Date signed 4/29/41

80136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 80136 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1714 E. Monument Street

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 711 S. Conklin Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Davis (CHARLES WESLEY DAVIS)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-14-3344

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Cora E. Saunders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1868

8. AGE: Years	Months	Days	If less than one day
72	10	8	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Carpenter, Watchman

11. Industry or business St. James Savings Bank

FATHER

12. Name Richard Davis

13. Birthplace Va.

MOTHER

14. Maiden Name ? Dunn

15. Birthplace Va.

16 (a) Informant Mrs. Cora E. Davis

(b) Address 711 S. Conklin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1941 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem.

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS Inc

(b) Address North Ave. & Broadway

19 (a) APR 29 1941 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1941, at 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1941 to 4/27 1941, and that I last saw h[illegible] alive on 4/27 1941

Immediate cause of death	Duration
pulmonary edema	
Due to coronary thrombosis	2 wks
Due to arteriosclerosis	
Other Conditions Hypertension	8 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert H. Klein M. D.

Address Sinai Hospital Date signed 4/27/41

Boldison ✓ +

80137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B F 80137 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County [redacted]
(c) City or town [redacted] (or Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Boldison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1923

8. AGE: Years 17 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Elkton Cecil Md (Town, county and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name James O. Boldison

13. Birthplace Delta Md

MOTHER 14. Maiden Name Josephine Clark

15. Birthplace Maryland

16 (a) Informant James O. Boldison

(b) Address Elkton Cecil Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 41 (month) (day) (year)

(c) Cemetery or crematory St John

Location Elkton Md

18 (a) Funeral director E. C. Hoffman & Son

(b) Address Elkton Md

19 APR 29 1941 (Date rec'd by registrar) (b) Huntington Mills Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1941 at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1941 to 4-29 1941 and that I last saw h[illegible] alive on 4-29 1941.

Immediate cause of death: Malignant tumor of left temporal lobe of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Glioma left temporal lobe brain

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Chamness M.D.

Address University Hospital Redwood & Greene Sts Date signed 4-29-41

VS 3

F 80138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 80138 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 W Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 W Hoffman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilhemina Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-78-5787

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1900

8. AGE: Years	Months	Days	If less than one day
40	5	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Matilda Dorsey
15. Birthplace Md

16 (a) Informant Elsie Johnson
(b) Address 534 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Apr 30 (day) 1941 (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katy R Williams
(b) Address 322 N. Belnord Ave

19 (a) Apr 29 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1941, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941, to April 25 1941, and that I last saw him alive on April 25 1941.

Immediate cause of death	Duration
Carcinoma of the lungs	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Watts

Address 715 Gilmor St Date signed 4/29/41

80139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61 ✓

Registered No. F 80139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Light St.
(c) Hospital or institution Sp Balto. Genl. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Augusta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Maria A. Borman or Merie A. Boerman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1926

8. AGE: Years 14 | Months 8 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland,
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Rudolph Borman
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Borman
15. Birthplace Germany

16 (a) Informant Mrs. F. Borman
(b) Address 1922 Augusta Ave, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 41 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Avenue, Balto. County

18 (a) Funeral director John J. Diebliauskas Jr.
(b) Address 427 S. Paca Street

19 (a) APR 29 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1941 to 4-27 1941 and that I last saw h[er] alive on 4-27 1941

Immediate cause of death
Cerebral Coma
Due to Diabetes Mellitus
Due to
Other Conditions Contributory

Duration 1 Day

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] M. D.
Date signed 4/27/41

80140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 80140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 McElderry St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 McElderry St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Kyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-7224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sarah E. Kyle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9-1878

8. AGE: Years	Months	Days	If less than one day
62	9	28	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER

12. Name James Kyle

13. Birthplace Va.

MOTHER

14. Maiden Name Farrell

15. Birthplace Va.

16 (a) Informant Myrtle Kyle

(b) Address 2520 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/41 (month) (day) (year)

(c) Cemetery or crematory Balto Cem.

Location Balto. + Gay St.

18 (a) Funeral director John G. Miller

(b) Address 2834 Jefferson St.

19 (a) APR 29 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1941 at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941 to 4-29 1941, and that I last saw h alive on 4-29 1941.

Immediate cause of death	Duration
Tuberculosis	over
Myocarditis	
Due to Bronchostenosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Malcolm Grossfeld M. D.

Address 5407 Belair Rd Date signed 4-30-41

F 80141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 80141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & ~~CAROLINE~~ STS.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 N. DECKER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD LEROY GROSS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7409

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Gertrude J. Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8-1911

8. AGE: Years	Months	Days	If less than one day
29	11	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Freight Handler
11. Industry or business

FATHER
12. Name John Gross
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Eva Ludwig
15. Birthplace Balto. Md

16 (a) Informant Gertrude J. Gross
(b) Address 130 N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John J. Miller
(b) Address 2334 Jefferson St.

19 (a) APR 29 1941 Washington Williams M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1941, to 4-28 1941, and that I last saw h[illegible] alive on 4-28 1941.

Immediate cause of death	Duration
Rt. Heart Failure	
Due to Atypical Pneumonia?	one
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Terminal Pneumonia?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lebmenon M. D.
Address 21 S. Paca St. Date signed 4-28-41

J.B. Leary

VS 2

F 80142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80142 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 88 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Bordens Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jones (63186)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1894

8. AGE: Years	Months	Days	If less than one day
46	4	6	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Stephen Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Mulberry
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Hagerstown

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave.

APR 30 1941 (Date received by Registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1941 to Apr. 28 1941, and that I last saw h im alive on Apr. 28, 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harvey Lebherz M. D.
Address Balto City Hosp. Date signed 4-28-41

3964 F 80143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 80143 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Dundalk Rt 3 Box 113 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sadie Avery
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-25-90
8. AGE: Years 50 | Months 4 | Days 2 | If less than one day hr. min.
9. Birthplace VA (Town, county, and state)
10. Usual Occupation Field Work
11. Industry or business
FATHER 12. Name Anthony Dorden
13. Birthplace VA
MOTHER 14. Maiden Name Adeline Cutland
15. Birthplace VA
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location
18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Bradley Ave
19 (a) (Date rec'd by Registrar) (b) Registrar

APR 30 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at 2:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 21 1941, to Apr 27 1941, and that I last saw her alive on Apr 27 1941.

Immediate cause of death Uremia — Duration

Due to Renal Nephrosclerosis

Due to Hypertension Arterio-Sclerotic Cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed 4/29

F 80144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83 a

F 80144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCES MITCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 45 | Months | Days | If less than one day: hr. min.

9. Birthplace Calvert County Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Housework

FATHER
12. Name George Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Hopkins
15. Birthplace Maryland

16 (a) Informant Caroline Brown - aunt
(b) Address Woodland Ford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director E. Roy Beddow
(b) Address 1000 Brantly Ave

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h- death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 4-27-41

VS 6

F 80145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 80145

Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Patapsco Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie P Wilkie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 21 | Months | Days | If less than one day hr. min.

9. Birthplace Spartenburg, So. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fred Wilkie
13. Birthplace Spartenburg, S. Car

MOTHER
14. Maiden Name Isabelle Parks
15. Birthplace Spartenburg S. Car

16 (a) Informant Jessie P. Parks
(b) Address 2 Patapsco Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)

(c) Cemetery or crematory
Location Spartenburg, S. C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bradley Ave

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941, at 9:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shot wounds of head — Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4/27/41
(c) Where did injury occur? Wrap Tavern (City or town) Patapsco Park (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury By gunshot - Shotgun Agency Death Natural

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/28/41

VS 6

F 80146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D

F 80146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ETTA Currier MERCER CURRIER

3 (b) If veteran, name war — 3. (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Fred Ernest Currier
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1891

8. AGE: Years 49 | Months 6 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Nurse
11. Industry or business Tyree Rest Home

FATHER 12. Name Calvin J. Vare
13. Birthplace Ohio

MOTHER 14. Maiden Name Julia Mercer
15. Birthplace Ohio

16 (a) Informant Alberta Snider
(b) Address 717 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 APR 30 1941 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to Apr. 28 1941, and that I last saw her alive on Apr. 25 1941.

Immediate cause of death 2 Carcinoma of Uterus — Duration 3 mos

Due to ___

Due to ___

Other Conditions Def. Arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ___
Of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams, M.D
Address Union Memorial Hosp Date signed 4-28-41 M.D.

VS 3

F 80147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941-D

F 80147 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 S. Dalton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 S. Dalton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PEGGY ANN FURBAY Birth F 26 100

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1941

8. AGE: Years	Months	Days	If less than one day
	2	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harold Furbay
13. Birthplace Brilliant, Ohio

MOTHER
14. Maiden Name Evelyn Wilson
15. Birthplace Grants, Md

16 (a) Informant Father Harold Furbay
(b) Address above address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 APR 30 1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 11 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said — find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Asphyxia — Duration needle

Due to Vomiting

Due to

Other Conditions Common cold

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-29-41
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Turned on face + smoked
23. Signature H. L. Wallenmaier M.D.
Date signed 4-29-41 Chief Medical Examiner.

VS 6

F 80148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

F 80148 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 Homestead st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Homestead St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beverly Ann Anderson Birth F 26774

3 (b) If veteran, name war — 3 (c) Social Security Account No. NONE

4. Sex Fe | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1941

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Tate
15. Birthplace Baltimore, Maryland

16 (a) Informant Catherine Anderson
(b) Address 2320 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director Wilhelm (Off)
(b) Address 1219 E Fayette St

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 7:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Congenital Malformation of heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred Gruber M.D.
Medical Examiner
Date signed 4/29/41

F 80149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80149 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) all of life

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2422 Ellwing St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. Birth F 14608.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1940

8. AGE: Years | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Murray Howell

13. Birthplace Md

MOTHER 14. Maiden Name Charlotte Gray

15. Birthplace Md

16 (a) Informant Charlotte Grey

(b) Address Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pennsylvania Ave. Huntington Williams M.D.

APR 30 1941 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-41 19 , at 11:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27-41 19 , to 4-28 1941.

and that I last saw her alive on 4-28 1941.

Immediate cause of death Toxemia — Duration 4 Days

Due to Intestinal Obstruction — Duration 1 Day

Due to Intussusception — Duration 4 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-28-41

Major findings of operation: Intussusception

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Abrams M. D.

Address Univ. Hosp. Date signed 4-28-41

F 80150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 80150

Registered No. 139-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution Richard T. Green Studio
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto Co
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. Maryland Ave Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jenne E. ~~Bowie~~ Baker

3 (b) If veteran, name war No

3 (c) Social Security Account No. 220-09-0531

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife August Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-1890

8. AGE: Years 45 | Months 8 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Katzenberger

13. Birthplace Md

MOTHER 14. Maiden Name Mary Franklin

15. Birthplace Md

16 (a) Informant Mrs August Baker

(b) Address Maryland Ave Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location Taylor Avenue

18 (a) Funeral director Albert L. Hilt Jr.

(b) Address 1606 N. Charles St.

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Entering for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1941 to April 28 1941, and that I last saw her alive on April 28 1941

Immediate cause of death Generalized Peritonitis — Duration 48 hrs.

Due to Retrograde infection from infected abortion (?)

Due to

Other Conditions Pulmonary atelectasis

(Include pregnancy within 3 months of death)

Date of operation April 26, 1941

Major findings of operation: Chr. endometritis; chr. cervicitis & of autopsy: Acute peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Everett L. Daggs M.D.

Address University Hosp. Date signed 4/28/41

VS 3

F 80151 HEALTH DEPARTMENT—CITY OF BALTIMORE F 80151

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Laurens St. 17th Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John T. Woodward

If U. S. Veteran specify WAR _____

(a) Residence: No. 557 Laurens St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Amer

6. DATE OF BIRTH (month, day, year) 10-26-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Howard Co. Md

FATHER

13. NAME — John P. Woodward

14. BIRTHPLACE (city or town) (State or country) — Howard Co. Md

MOTHER

15. MAIDEN NAME — Caroline Bell

16. BIRTHPLACE (city or town) (State or country) — Howard Co. Md

17. INFORMANT — Mrs. Mary Monroe
(Address) 557 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5-1 19 41

19. UNDERTAKER — Mrs. Geo. W. Holland
(Address) 1631 Druid Hill Ave

20. FILED APR 30 1941 — Martin for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1941 to April 26, 1941

I last saw him alive on April 26, 1941. Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular - Renal Disease	?
Other contributory causes of importance: Pulmonary Fibrosis	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. P. Hughes M. D.

(Address) 825 N. Fremont Av

F 80152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31-B

F 80152 Registered No. 3698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 917 Parish St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 917 Parish (If rural give location)

16

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rebecca Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife John T. Gross

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Feb 9 1879

8. AGE: Years	Months	Days	If less than one day
62	3	18	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Own Home

FATHER

12. Name Unknown

13. Birthplace .

MOTHER

14. Maiden Name Celia Dorsey

15. Birthplace Calvert Co.

16 (a) Informant Elizabeth Gross

(b) Address 917 Parish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) Filed (Date received by registrar) APR 30 1941 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-1941, at 8.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1941, to 4-27-1941 and that I last saw her alive on 4-27-1941.

Immediate cause of death	Duration
Nephritis	Unknown
Due to Unknown	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1029 N. Stricker St. Date signed 4-29-41

F 80153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80153 Registered No. 131-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Hubard Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Hubard Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Jennings
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Married
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1871

8. AGE: Years	Months	Days	If less than one day
70	1	3	hr. min.

9. Birthplace Prince George County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Snowden
13. Birthplace Prince George County

MOTHER
14. Maiden Name Alice ?
15. Birthplace Prince George County

16 (a) Informant Daniel Jennings
(b) Address 929 Hubard Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location P. G. County Md.

18 (a) Funeral director Wm. R. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

APR 30 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 27 1941, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1941, to Apr 27 1941, and that I last saw [illegible] alive on Apr 27 1941.

Immediate cause of death
Chr. Nephritis
Chr. Myocarditis
Due to
Due to
Other Conditions Acute Dilatation of Heart
(Include pregnancy within 3 months of death)

Duration
7
6 Years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. H. Kelly M. D.
Address 420 E. Chase Date signed Apr 29 '41

F 80154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 167

F 80154
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING — THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 566 Presstman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HAYES · BATES

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-8497

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1907

8. AGE: Years	Months	Days	If less than one day
33 34	8	13	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Robert Bates
13. Birthplace S.C.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace

16 (a) Informant Webb Suber
(b) Address 566 Pressman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md.

18 (a) Funeral director Mrs. B. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

APR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26. 1941, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, pericardial	
Due to Stab wound of chest	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 26, 1941
(c) Where did injury occur? 511 E. Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Saloon (Cafe) While at work? No (Specify type of place)
(e) Means of injury stabbed with knife during

23. Signature H. W. Wallenmeyer M.D.
Medical Examiner.

Date signed 4-26-41

Small Pen Knife Blade

F 80155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80155 / 1710 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH AUSTIN SHOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary E. Donnelly
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15-1856

8. AGE: Years	Months	Days	If less than one day
85	-	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Shock
13. Birthplace Md

MOTHER
14. Maiden Name Mary Rutter
15. Birthplace Md

16 (a) Informant Mrs Edith Shinn
(b) Address 351 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson Md

18 (a) Funeral director Geo F Bragg Jr
(b) Address 1512 Baltimore St

19 (a) APR 30 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 12 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of brain	
Due to Fracture of skull	17 hrs
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 29, 1941 19+
(c) Where did injury occur? Fulton Ave + Druid Hill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury pedestrian struck by
23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-29-41

struck on crossing street

VS 6

F 80156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

F 80156

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4703 Hampnett Avenue

(c) Hospital or institution: Pine Ridge Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5325 Fernpark Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSHUA HUMPHREYS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah I. Humphreys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1852

8. AGE: Years	Months	Days	If less than one day
89	3	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Tobacco Inspector

11. Industry or business Retired

FATHER

12. Name Robert Humphreys

13. Birthplace Virginia

MOTHER

14. Maiden Name Reeth Smith

15. Birthplace Virginia

16 (a) Informant Miss Alice Humphreys

(b) Address 5325 Fernpark Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941, at 6:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1931 to April 29 1941, and that I last saw h[illegible] alive on April 29 19 41.

Immediate cause of death [illegible] Duration ?

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Theodore E. Staley M. D.

Address 3803 Edmondson Date signed 4/30/41

F 80157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 80157
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Forest Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Forest Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE WILLIAM HOOS

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 218-01-5938

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nannie Stephens Hoos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1885

8. AGE: Years 55 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Sales Mgr.
11. Industry or business John Hoos Co.

FATHER
12. Name John Hoos
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Nannie S. Hoos
(b) Address 4007 Forest Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30.41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport

APR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1939 to Apr 28 1941 and that I last saw h.m alive on Apr 20 1941.

Immediate cause of death: Coronary Occlusion — Myocarditis since Oct 29/39. — Duration 1½ yrs.
Due to Coronary disease since Oct 29/39.
Due to
Other Conditions arteriosclerosis — Duration ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard S. Tuttle M. D.
Address 222 Garrison Date signed Apr 28/41

F 80158

F 80158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E 33d St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George M. Hall

3 (b) If veteran, name war: World

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ----------

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 9-13-91

8. AGE: Years 49 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Md., Baltimore (Town, county, and state)

10. Usual Occupation Prof. of Geology

11. Industry or business

FATHER
12. Name George A. Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Higgins
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) [illegible] (b) Huntington Williams M.D.
(Date filed by registrar) Registrar

APR 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1941, to Apr 28 1941, and that I last saw h[illegible] alive on Apr 28 1941.

Immediate cause of death: Right and left-sided myocardial failure — Duration: 2 hrs.

Due to: Hypertension arteriosclerotic disease — Duration: 5 yrs.

Due to:

Other Conditions: Right-sided hemiplegia, old — Duration: 4 yrs.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward W. Briggs M.D.
Johns Hopkins Hosp. Date signed 4/28/41

F 80159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 93-D

F 80159 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Abell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Abell Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA HARRISON EVANS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Rev. Geo. W. Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 31, 1868

8. AGE: Years 73 | Months 0 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Nicholas S. Harrison
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Elizabeth Greenfield
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Wilbur F. Evans
(b) Address: 3113 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Burial Permit Issued

APR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible] to April 28 19[illegible]; and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death
[illegible] Cerebral Hemorrhage — Duration: 4 days
Due to [illegible] — Duration: not known
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Richard Roberts M. D.
Address [illegible] Date signed April 29 1941

F 80160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 80160

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Virginia Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

20

3 (a) FULL NAME Mr. James Dent Thompson (James Denton Thompson)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Helen Thompson

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1865

8. AGE: Years 75 | Months 6 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation Inspector - Balto. Co.

11. Industry or business

FATHER
12. Name Samuel Thompson
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Sarah Barnes
15. Birthplace Howard Co. Md.

16 (a) Informant Mr. Jos. D. Thompson
(b) Address 218 Bosley Avenue, Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Mariah,
Location Towson, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 9:23 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1941, to 4-28 1941, and that I last saw h/m alive on 4-28 1941.

Immediate cause of death: Bronchial Pneumonia — Duration: 2 days

Due to

Due to

Other Conditions: Acute Uremia, Bilateral Arteriosclerosis — 3 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Calhoun M.D.

Address 2025 E. Fayette St. Date signed 4-29-41 M. D.

F 80161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30-2 F 80161

80161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + CALVERT

(c) Hospital or institution: UNION MEMORIAL HOSP

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 DAYS

(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1731 Park Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon M Uhlfelder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Regina Uhlfelder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 7 1881

8. AGE: Years	Months	Days	If less than one day
60	1	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Florist

11. Industry or business

FATHER

12. Name Meyer Uhlfelder

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Caroline Trachimer

15. Birthplace Germany

16 (a) Informant Mrs. S. Uhlfelder

(b) Address 1731 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Harry Sonneborn & Son

(b) Address 902 Eutaw Place

19 (a) (Date rec'd by registrar) APR 30 1941 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 29 1941, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1941, to 4-29 1941, and that I last saw him alive on 4-29 1941.

Immediate cause of death HEART FAILURE — Duration 1 DAY

Due to UREMIA — 4 DAYS

Due to URINARY OBSTRUCTION ? — ?

Other Conditions CNS LUES

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Douglas Lockard M. D.

Address Union Memorial Hosp. Date signed 4/29/41

F 80162

396739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 80162

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Emerson Ave apt (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Federlecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hortense

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 3-3-1863

8. AGE: Years 78 | Months 1 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clothing business

11. Industry or business

FATHER
12. Name Abraham Federlecht
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Pedut
15. Birthplace Germany

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Bets. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim Co
(b) Address 1902 Eastern Ave

19 (a) [illegible] 1941 (b) [illegible] Huntington Hall Register, Md.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 11 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1941, to Apr 26 1941, and that I last saw him alive on Apr 26 1941.

Immediate cause of death Cardiac failure + uremia — Duration 4 days

Due to Gen arterio sclerosis

Due to Nephrosclerosis

Other Conditions Bronchial asthma, Benign Prostatic hypertrophy (Include pregnancy within 3 months of death) — Duration 25 yrs.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbur S. MacCarty M.D.
Address The Johns Hopkins Hosp Date signed 4/28/41

F 80163

BALTIMORE CITY HEALTH DEPARTMENT

CC 64950 CERTIFICATE OF DEATH 46-a

F 80163

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 das.

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 729 Lemon St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James Ridgley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER 12. Name Thomas L. Ridgley

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Bryan

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)

(c) Cemetery or crematory St Mary's Cem

Location Roland Ave & 40th St, Hampstone

18 (a) Funeral director John J. Lennon & Son

(b) Address 904 Hollins St.

APR 30 1941 (Date received by registrar) Thurston for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941 at 9.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1941 to 4-28 1941 and that I last saw him alive on 4-28 1941

Immediate cause of death Carcinoma of the esophagus — Duration 4 mo. 2

Due to Post operative wound infection — 23 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-5-41

Major findings of operation: Gastrostomy

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Ziegler Jr. M. D.

Address Baltimore City Hosp. Date signed 4-29-41

VS 3

F 80164

BALTIMORE CITY HEALTH DEPARTMENT

cc 64592 CERTIFICATE OF DEATH 13-B

F 80164 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos. 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Ostend St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peggy Stubert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1899

8. AGE: Years	Months	Days	If less than one day
41	5	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Ulchinsky
13. Birthplace Lithuania

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Gowan & Son
(b) Address 924 Hollins St

19 (a) (b) (Date rec'd by registrar) Registrar

PR 30 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1941, to 4-28 1941, and that I last saw her alive on 4-28 1941.

	Duration
Immediate cause of death: Pulmonary tuberculosis	2
Due to: Post-operative anuria	2½ days
Due to: Uremia	2½ days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation 4-25-41
Major findings of operation: - Thoracoplasty - right
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 4-30-41

80165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 23 F 80165

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Ruxton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Ruxton ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Hankofsky

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Po Failar Russia (Town, county, and state)

10. Usual Occupation Re Failar

11. Industry or business

FATHER
12. Name Joseph Hankofsky
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Nathan Hankofsky
(b) Address 3773 Columbus Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery Adas Israel
Location Mt Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) APR 30 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

220a

20. DATE OF DEATH 4-30 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1941, to April 30 1941, and that I last saw him alive on April 2 1941.

Immediate cause of death — Duration
Uremia Coma
Cardiac failure.
Due to Chronic Nephritis
Due to Arteriosclerotic CV. disease

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Mosle, M.D.
Address 1314 - 20 St, Nork Date signed 4/30/41

80166

✓ F 80166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 539 Harwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Harwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma S. Gladstone

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Andrew T. Gladstone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14th 1855

8. AGE: Years	Months	Days	If less than one day
85	10	14	hr. min.

9. Birthplace Sperryville Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name Benjamin Haley
13. Birthplace Va.

MOTHER
14. Maiden Name Patty Collins
15. Birthplace Sperrystone Va

16 (a) Informant Winfield Gladstone
(b) Address 539 Harwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30th 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 N. Paca St

19 (a) 4-30-41 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1941, at 4:2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31-1939 to 4-28-1941, and that I last saw her alive on 4-27-1941.

Immediate cause of death: Tetanus — Duration: 7-31-39

Due to: Gangrene feet — Duration: 7-31-39

Due to: Arteriosclerosis — Duration: Unknown

Other Conditions: Arterio-sclerotic cardio-renal disease — Duration: Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. B. Dyer
Address 2802 Harford Ave Date signed M. D. 4-29-41

Spec.—12-9-25—A Co.—200 Bks.

F 80167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80167

CERTIFICATE OF DEATH.

94-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 25 Linwood av St. N Ward)

2-FULL NAME Joseph L S Hobbs

(a) RESIDENCE NO. 25 S Linwood av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: no S C #

6 DATE OF BIRTH (month, day, and year): July 28th 1862

7 AGE: Years 58 | Months 9 | Days - | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Benjamin S Hobbs

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimor

12 MAIDEN NAME OF MOTHER: Mary Dunn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimor

14 Informant: Elmer L Hobbs

(Address): 25 S Linwood

15 Filed ..... 19 ..... Acting for Williams M.D. Registrar

APR 30 1941

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 28th 1941

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to April 27, 1941, that I last saw h.. alive on 27 th, 1941 and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) ..... yrs. ..... mos. 3 hours ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph E Pechmann, M. D.

(Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial: May 1 1941

20 UNDERTAKER: John A. Mohan ADDRESS: 3000 E Balto.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 80168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80168

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1215 Fifth St. Baltimore

(c) Hospital or institution South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 7700 5th Ave Brooklyn (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Naomi Pumphrey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Isaiah Pumphrey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 1865

8. AGE: Years	Months	Days	If less than one day
75	6	24	hr. min.

9. Birthplace a a Co Md (Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER

12. Name Thomas Grogan

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Dr Alton M Bennett

(b) Address 1823 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/41 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Marech

(b) Address 715 Light St

19 (a) Harrington Williams M.D. (Signature of registrar) Registrar

APR 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1941, at 4:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941 to 4-27 1941 and that I last saw her alive on 4-26 1941.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive Cardiovascular Renal disease	
Due to Generalized arteriosclerosis	
Other Conditions Terminal Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A Bennett M. D.

Address JBGH Date signed 4/27/41

F 80169

BALTIMORE CITY HEALTH DEPARTMENT

cc

CERTIFICATE OF DEATH

93-D

Registered No. F 80169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Inf)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henson Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1859? 1860

8. AGE: Years	Months	Days	If less than one day
82 ? 83	?	?	hr. min.

9. Birthplace Somerset Co., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Steven
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wright
15. Birthplace Md.

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 30 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 30 1941 (b) Huntington Williams M.D.
(Signature of registrar) (Registrar)

1645

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1941, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6- 1939 to 4-26- 1941, and that I last saw h alive on 4-26- 1941.

Immediate cause of death Bronchopn.

Due to U.S. Nt Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
3 day
P

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Date signed 4-27-41

F 80170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 80170 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1414 Eutaw Place

(c) Hospital or institution: Florence Nightingale Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4710 Perkins Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph H Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Sara Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1861

8. AGE: Years	Months	Days	If less than one day
80	4 3	28	hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER

12. Name Elija B. Green

13. Birthplace Unknown

MOTHER

14. Maiden Name Mary A. (Unknown)

15. Birthplace Unknown

16 (a) Informant Edward Dean

(b) Address 4710 Perkins Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1941 (month) (day) (year)

(c) Cemetery or crematory Glenerville

Location Kent Island, Md.

18 (a) Funeral director Walter Brooks Beasley

(b) Address 1922 W. North Ave

19 (a) APR 30 1941 (Date rec'd by registrar) (b) Washington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1941, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14th 1941, to Apr 29th 1941, and that I last saw h[illegible] alive on Apr 28th 1941.

Immediate cause of death: Heart Failure — Duration: 1 day

Due to: Arteriosclerosis — 2 years

Due to: Hypertension + Senility

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. E. Poulton

Address 3909 Hamilton Blvd Date signed 4/29/41

F 80171

F 80171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 N. Pratt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 N. Pratt (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Karlinsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Ida Karlinsky Gay
(b) Address 2023 N. Pratt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chesed Shalom
Location Odanel Rd

18 (a) Funeral director Jack Louis Joe
(b) Address 1439 E. Balto St

19 (a) APR 30 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1941, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1941, to Apr 30 1941, and that I last saw h M alive on Apr 30 1941

Immediate cause of death Pulmonary Edema — Duration 2 hrs
Due to Myocarditis — 10 days
Due to Cerebral Sclerosis — 2 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kahn M.D.
Address 4/30 Date signed 4/30/41

VS 3

80172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 80172

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 748 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Garett

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-0730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1917

8. AGE: Years	Months	Days	If less than one day
23	8	24	hr. min.

9. Birthplace Reidsville NC (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Garett

13. Birthplace Rockingham Co N.C.

MOTHER 14. Maiden Name Sis[illegible]Valington

15. Birthplace Rockingham Co. N C

16 (a) Informant Elizabeth Totten

(b) Address 748 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1941 (month) (day) (year)

(c) Cemetery or crematory Reidsville

Location North Carolina

18 (a) Funeral director Mrs Katie R Williams

(b) Address 332 N Schroeder St

(c) Huntington Williams M.E. Registrar

APR 30 1941 (Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1941 at 2 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Bullet wound of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4/27/41
(c) Where did injury occur? 832 Pierce St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? [illegible]
(e) Means of injury Pistol - 38 cal Lead

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/28/41

F 80173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 80173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Gray (65117)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1925

8. AGE: Years	Months	Days	If less than one day
15	10	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William Gray
13. Birthplace Va.

MOTHER
14. Maiden Name Eva Knight
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Bordentown
Location North Carolina

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St Huntingtown (Williamsville) Md.

19 (a) APR 30 1941 (Write in ink) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941 at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1941, to Apr. 29 1941, and that I last saw her alive on Apr. 29 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis (miliary)	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-30-41 M. D.

VS 3

F 80174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a

F 80174
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Dorchester Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Dorchester Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5-11

3 (a) FULL NAME Mabel Thompson Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Benj. H. Brown
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1882

8. AGE: Years	Months	Days	If less than one day
58	4	21	hr. min.

9. Birthplace Centreville Md. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name William E. Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary N. Hopper
15. Birthplace Md.

16 (a) Informant Benj. H. Brown
(b) Address 3307 Dorchester Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 1. 1941 (month) (day) (year)
(c) Cemetery or crematory Druod Ridge
Location Pikesville Md.

18 (a) Funeral director John Cruttchell & Son.
(b) Address 1809 Eutaw Place

19 (a) APR 30 1941 (Date rec'd by registrar) Registrar Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28. 1941 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1941, to 4-28 1941, and that I last saw her alive on 4-28 1941.

Immediate cause of death CARCINOMA of CERVIX — Duration ABOUT 2 YRS
MALNUTRITION
Due to
Due to
Other Conditions Metastasis To Pelvis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. Kennedy Waller M. D.
Address University Hospital Date signed 4/30/41

Dr Hollis

80175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80175 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 71

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 W. Susquehanna Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Henry ~~Harry~~ Burgess

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louisa C. Burgess
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1869

8. AGE: Years	Months	Days	If less than one day
71	4	26	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Burgess
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elenor Amos
15. Birthplace Maryland.

16 (a) Informant Mrs. Louisa C. Burgess
(b) Address 120 W. Susquehanna Ave Towson
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place
19 (d) APR 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941, to April 29 1941, and that I last saw him alive on April 29 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Due to Arteriosclerotic heart disease (congestive	
Due to Heart failure)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/29/41

VE 2

F 80176

ec 8599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 80176 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos. 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph C. Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Kate Haddock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1854

8. AGE: Years 86 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation retired Baker

11. Industry or business

FATHER
12. Name Thomas Townsend
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ougburn
15. Birthplace Md.

16 (a) Informant Clarence H. Grumbone
(b) Address 1041 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3601 Frederick ave

18 (a) Funeral director John Mitchell Ford
(b) Address 1900 Eutaw Place

19 APR 3 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26- 1935 to 4-29- 1941, and that I last saw h[illegible] alive on 4-29- 1941

Immediate cause of death: Bronchopn

Due to: Gen A-5.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Bronchopn.

Duration: 2 days ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Bath City Hosp. Date signed 4-29-41

VS 3

80177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 ✓

F 80177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2032 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Charles F. Groves.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single ✓

6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Mch. 4, 1864

8. AGE: Years	Months	Days	If less than one day
77	1	25	hr. min.

9. Birthplace South C. (Town, county, and state)
10. Usual Occupation Retired Oyster
11. Industry or business Oyster

FATHER
12. Name James D. Groves
13. Birthplace N. C.

MOTHER
14. Maiden Name Amanda Ward
15. Birthplace VA.

16 (a) Informant Dr. T. E. Smallwood
(b) Address 2218 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave

18 (a) Funeral director John O. Mitchell Son
(b) Address 1900 Eutaw Place
Harrington Williams, M.F.D.

19 (a) APR 30 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1941 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1941, to 4/29 1941, and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage ?	
Due to Hypertension	
Other Conditions Pulmonary edema.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Hecht M.D.
Address Sinai Hosp. Date signed 4/29/41

VS 3

80178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 ✓ Registered No. F 80178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene 56
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 66
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 50

3 (a) FULL NAME Paul Leopold Kreimer — Leopold Paul Kreimer
3 (b) If veteran, name war No
3 (c) Social Security Account No. 213-10-8138

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) March 14 1883

8. AGE: Years	Months	Days	If less than one day
58	1	16	hr. min.

9. Birthplace Hungria (Town, county and state)
10. Usual Occupation Mill Hand
11. Industry or business National Steel Corp
FATHER 12. Name Alois Kreimer
13. Birthplace Bohemia
MOTHER 14. Maiden Name Mary ?
15. Birthplace Bohemia
16 (a) Informant Theresa Kreimer
(b) Address 7 N Chapel St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md
18 (a) Funeral director Martin J. Dugan
(b) Address 57 S Arch St
19 (a) APR 30 1941 (Date rec'd by registrar) Harrington Whitman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 12:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941 to 4-30 1941, and that I last saw h[illegible] alive on 4-29 1941.

Immediate cause of death: Cause of death not determined.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: of head - no depressed fracture

Duration
over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury MIARNS
23. Signature Robert Megarm, University Hospital, M. D.
Address Redwood & Greene Sts. Date signed 4-30-41

VS 2

80179
39763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76-a

F 80179
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Penn. ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Stoakley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-29-28

8. AGE: Years 13 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name G. Stoakley
13. Birthplace Va.

MOTHER 14. Maiden Name E. Jackson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Edgar Josephus Halstead
(b) Address 918 Druid Hill ave

APR 30 1941 (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1941, at 9065 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1941 to Apr 28 1941, and that I last saw him alive on Apr 28 1941.

Immediate cause of death: granulocytopenia — Duration: 5 mos

Due to: ? leukemia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address J. H. H. Date signed 4-28-41

80180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 80180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1132 Sheldon Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1132 Sheldon Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6, 1870

8. AGE: Years 71 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name George Christian

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Elizabeth

15. Birthplace Va.

16 (a) Informant Ellen Foster

(b) Address 1132 Sheldon Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Tolbert

(b) Address 918 Druid Hill Ave.

19 (a) APR 30 1941 (Signature of registrar) Huntington Hollingsworth, M.D. (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1941 to April 28 1941 and that I last saw h[illegible] alive on 19[illegible]

Immediate cause of death: Coronary Occlusion — Duration: Few minutes

Due to: Hypertension with Cerebral Hemorrhage — Duration: One year

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Malcolm M.D.

Address 1700 Eutaw Pl. Date signed 4/30/41

F 80181

80181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 14-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Grame St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN M KENNEDY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: J. B. Kennedy
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb 11 1904

8. AGE: Years	Months	Days	If less than one day
37	2	19	hr. min.

9. Birthplace Wash D C (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vivian E Lake
13. Birthplace Va.

MOTHER
14. Maiden Name Lillian V Doty
15. Birthplace Md

16 (a) Informant Mrs Lucian Lake
(b) Address 1701 Lanham Md

17 (a) Removal (b) Date thereof 5-1-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Riverdale Md

18 (a) Funeral director H. H. Chambers Co
(b) Address Riverdale Md

19 (a) (Date received by registrar) MAY 1 1941 (b) Huntington Williams, M.D.
MAY 1 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ** (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.

Date signed 4-30-41

F 80182

F 80182

F 80182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1041 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 74 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 W. Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcelle S. Fleischmann

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~Edwin~~ M. Fleischmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1894

8. AGE: Years	Months	Days	If less than one day
46	10	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Abraham J. Strauss
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Betty Strauss
15. Birthplace Peru Ind

16 (a) Informant Edwin M. Fleischmann
(b) Address 2214 W. Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ohab Shalom
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

MAY 1 - 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1941, at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 to 4/30 1941, and that I last saw her alive on 4/30 1941.

Immediate cause of death: Cardiac Failure — Duration 1/2 hr.
Due to Status Asthmaticus — 14 hrs.
Due to Asthma of Unknown origin — 14 yr?
Other Conditions Hypertension, Chronic Sinusitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonas H. Cohen
Address Sinai Hospital Date signed 4/30/41 M. D.

F 80183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80183

Registered No. 93-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza (Lyda) Stewart

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1851

8. AGE: Years	Months	Days	If less than one day
89	8	5	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Silk

FATHER
12. Name Henry Stewart
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Adeline Craggs
15. Birthplace Balto. Md.

16 (a) Informant Miss M. S. Porter
(b) Address 1521 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2nd 194 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) MAY 1 1941 (Date Rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 6.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941 to June 30 1941, and that I last saw h. alive on June 9 1941.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.

Address 6 2 41 40 41 Date signed

F 80184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-3

F 80184 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3101 Gilmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Gilmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman J. or L. Downs

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0546

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Martina S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 - 1872

8. AGE: Years 68 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John H. Downs
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Mary Kernan
15. Birthplace Balto Md.

16 (a) Informant Martina S. Downs
(b) Address 3101 Gilmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard Cook
(b) Address 5305 Harford Rd.

MAY 1 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1938, to April 28 1941, and that I last saw h[illegible] alive on April 28 1941.

Immediate cause of death Carcinoma of Stomach

Due to Metastasis of viscera and lungs

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1940
1941
1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bishop M. D.
Address 3701 S. Linda Ave Date signed April 29

F 80185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 80185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4831 Park Heights ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4831 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 Years years

3 (a) FULL NAME Leah Luery

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Solomon Luery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years 60 | Months - | Days — | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Mrs. Edyta Lunay
(b) Address: 2728 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1 41 (month) (day) (year)
(c) Cemetery or crematory: Southern ave
Location: Southern ave

18 (a) Funeral director: Sol Levinson & Bros.
(b) Address: 1124-26 W. North ave

19 (a) Date received by local registrar: MAY 1 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to April 30, 1941, and that I last saw h alive on April 29 1941.

Immediate cause of death: Arteriosclerotic Cardio-vascular Renal Disease — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. Abramson M.D.

Address: 2340 Eutaw Place Date signed: April 30, 1941

VS 3

F 80186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 80186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years

3 (a) FULL NAME Joseph Fryer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Nail
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Morris Engel
(b) Address 1309 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Nat Cemetery
Location Germon Hall Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 1 — 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Apr. 29 1941, and that I last saw him alive on April 29 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 Day
Due to Arteriosclerosis
Due to
Other Conditions Emphysema - Asthma
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Jacobs M. D.
Address 1735 E Baltimore Date signed 4/29/41

F 80187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 80187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2606 Hollins Ferry Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Hollins Ferry Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Lurton

3 (b) If veteran, name war

3 (c) Social Security Account No. 186-03-9165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1918

8. AGE: Years	Months	Days	If less than one day
23	1	18	19 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lewis Lurton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Baltimore, Md

16 (a) Informant Mary Thomas Johnson (M)
(b) Address 2606 Hollins Ferry Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles Kloepfer
(b) Address 514 N. Calhoun St.

19 (a) MAY 1 - 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/41 19 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1941, to April 28 1941, and that I last saw him alive on April 28 1941.

	Duration
Immediate cause of death: acute Cardiac dilatation	12 hours
Due to Pneumonia Lobar	36 hours
Due to Pelvic Abscess	26 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 3, 1941
Major findings of operation: Ruptured appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris A Abramowitz M. D.
Address 1705 E. Balto, 24 Date signed May 1, 1941

F 80188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 80188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5305 Wesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5305 Wesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leslie N. Simon

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-5458

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary B. Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1879

8. AGE: Years	Months	Days	If less than one day
61	4	16	hr. min.

9. Birthplace Balt Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md. Trust Co.

FATHER
12. Name August Simon
13. Birthplace Md

MOTHER
14. Maiden Name Mattie Davis
15. Birthplace Va

16 (a) Informant Mary B. Simon
(b) Address 5305 Wesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Edmund J. Rucks
(b) Address 5305 Garyland Rd

19 (a) Hunting (Date received by registrar) Registrar

MAY 1 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28- 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 28 1941, and that I last saw h[illegible] alive on April 28 1941.

Immediate cause of death	Duration
Mitral Stenosis & Regurgitation	
Cardiac Hypertrophy	
Due to Arterio Sclerosis	
Due to regurgitation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Madison G. Duncan M. D.
Address Med Arts Date signed 4-30-41

F 80189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Bateman Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: JOHN HENRY ERBE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-09-6085

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Nannie Perkins Erbe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1865

8. AGE: Years	Months	Days	If less than one day
76	0	25	2 hr. 4 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business White Motor Co.

FATHER
12. Name Henry Erbe
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Harry L. Erbe
(b) Address 3912 Bateman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem. Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 1 1941 (Date Received by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at 10:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1941, to April 28 1941, and that I last saw him alive on April 27 1941.

Immediate cause of death: Arteriosclerotic heart disease. — Duration: 6 mos.
Due to:
Due to:
Other Conditions: Cerebral arteriosclerosis. — Duration: 1 mos.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S/ Verdie Wallace.
Address 2839 Walbrook Ave. Date signed 4.29.41 M. D.

F 80190 JN 65531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/13-B

F 80190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4710 Haddon Avenue (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. William Tober

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of wife Josephine R.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 18, 1877

8. AGE: Years	Months	Days	If less than one day
63	9	11	hr. min.

9. Birthplace Prussia (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Rudolph Tober
13. Birthplace Prussia

MOTHER
14. Maiden Name Matilda Sunstroem
15. Birthplace Prussia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3/1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Tuckerman
(b) Address North & Pa Aves

MAY 1 - 1941 (Date rec'd by registrar) (b) Washington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-1941, at 4:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26-1941, to 4-29-1941, and that I last saw h. alive on 4-29-1941.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy Coronary Thr.

Duration: ?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-30-41 M. D.

F 80191 Roger Edmond Lewis Sr 93-D F 80191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Balt (b) County Md
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Edmondson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Edmond Lewis, Sr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 725-09-3388

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary Bertrude
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 2 1873

8. AGE: Years	Months	Days	If less than one day
68	2	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Freight Representative
11. Industry or business R R

FATHER
12. Name Samuel Lewis
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Kehoe
15. Birthplace Md

16 (a) Informant Wife
(b) Address 1825 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 1 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 11 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1941, to 4-29 1941, and that I last saw h. alive on 4-29 1941

Immediate cause of death Cardiac Failure from Arterio sclerotic H D Dis

Due to

Due to

Other Conditions Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam'l Parks M. D.
Address St Agnes Date signed 4/29

F 80192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80192 Registered No. 1112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Rosedale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Rosedale Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

5-7

3 (a) FULL NAME CATHERINE WISE COOK

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-03-3394

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: George L. Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 11, 1905

8. AGE: Years	Months	Days	If less than one day
35	11	17	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Secretary

11. Industry or business: Lucius R. White Jr. Architect

FATHER
12. Name: Wm. Bennett Wise
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary A. Walter
15. Birthplace: Maryland

16 (a) Informant: Mr. Geo. L. Cook
(b) Address: 2222 Rosedale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

MAY (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1941 to Apr 28 1941 and that I last saw h[illegible] alive on Apr 27 1941.

Immediate cause of death	Duration
Acute Cardiac Dilitation	3 hrs
Due to Pneumonia -	8 yrs own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3045 Wakefield Date signed 4/29/41

F 80192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80192 Registered No.

F 80193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 80193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 837 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Flowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1914

8. AGE: Years	Months	Days	If less than one day
27	2	25	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Thomas Flowers
13. Birthplace N. C.

MOTHER
14. Maiden Name Frances ?
15. Birthplace N. C.

16 (a) Informant Joseph Flowers
(b) Address 819 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location G. G. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1297 N. Carolina St.

19 (a) (Date rec'd by Local Reg.) (b) Huntington Williams, Registrar

MAY 1 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941 at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) ; find that said deceased came to his death on the day stated above.

Immediate cause of death: Infection of stab wound of abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4/14/41
(c) Where did injury occur? 1923 E. Madison Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stab wound of stomach

23. Signature Wm. B. VandeGrift, ASST. Medical Examiner. M.D.
Date signed April 30 1941

per Howard J. Waldeis M.D.

Sunset Hill Farms

F 80194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME MINNIE SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Robert Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1873

8. AGE: Years 67 | Months 68 | Days 7 | If less than one day: 28 hr. 29 min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER 12. Name: Abraham Duckett

13. Birthplace: Md.

MOTHER 14. Maiden Name: Ellen Breckenridge

15. Birthplace: Md.

16 (a) Informant: Helen Prescot

(b) Address: 1330 Woodyear St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-41 (month) (day) (year)

(c) Cemetery or crematory: Mt. Gen

Location: Balto. Co.

18 (a) Funeral director: Samuel W. Chase & Son

(b) Address: 1538 N. Eutaw St.

19 (a) MAY 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 12½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease.	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 4-30-41

VS 6

F 80195

MA 64984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 80195

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Guilford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy whiteman (Rosella) Birth F 27208

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1941

8. AGE: Years	Months	Days	If less than one day
			5 hr. 31 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert
13. Birthplace ?

MOTHER
14. Maiden Name Rosella Yon
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals nec.
(b) Address 4940 eastern avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-28-41 (month) (day) (year)
(c) Cemetery or crematory BCH 40 Clock P.M.
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 MAY 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1941, at 1.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1941, to April 5 1941, and that I last saw him alive on April 5 1941.

Immediate cause of death: Atelectasis — Duration: 4 hours

Due to

Due to

Other Conditions: Prematurity (32 weeks)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 4-9-41

F 80196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a Registered No.

F 80196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 S Furrow St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 S Furrow St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Christopher Keefer

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4654

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1884

8. AGE: Years 57 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Lobster

11. Industry or business Fishing & Canning

FATHER 12. Name Henry Keefer

13. Birthplace Germany

MOTHER 14. Maiden Name Christine Bowling

15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Keefer

(b) Address 429 S. Furrow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-41 (month) (day) (year)

(c) Cemetery or crematory Mount Cathedral

Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son

(b) Address 1300 Eutaw Place

19 MAY 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy ~~within~~ 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of ~~place~~) While at work?
(e) Means of injury

23. Signature William J. Kelsch M.D. Medical Examiner

Date signed 7/26/41

VS 6

F 80197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 80197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4622 Falls Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4622 Falls Road
(If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Lassner

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Minnie Lassner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 30, 1852

8. AGE: Years 89 | Months | Days 30 29 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation retired farmer

11. Industry or business

FATHER

12. Name George Lassner

13. Birthplace Germany

MOTHER

14. Maiden Name

15. Birthplace Germany

16 (a) Informant Anna Vaughan

(b) Address 1413 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place Huntington Williams, M.D.

19 (a) 1945 (Date received by registrar) (b) Registrar

VS 8 Dr. Killick

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 – 19 , to April 29 19 41. and that I last saw h alive on April 29 19 41.

Immediate cause of death Terminal

Bronchial pneumonia — Duration 3 days

Due to Acute Lobar pneumonia — 14 days

Due to Senile Changes

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. J. Killick M. D.

Address 3615 Falls Road Date signed

F 80198 ✓ F 80198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5921 Greenhill Ave St. 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Edward George Kronenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 5921 Greenhill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Kronenberg

6. DATE OF BIRTH (month, day, year) Nov. 6-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Clerk

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C. W. Kronenberg

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Stroble

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Helen Kronenberg

(Address) 5921 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 3, 194

19. UNDERTAKER Jeannie Cook Lafer

(Address) 1600 W. North Ave

MAY 1 - 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1941, to April 30, 1941

I last saw him alive on April 29, 1941 Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/30/41
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Hunnel Park M. D.

(Address) 5414 Belair Rd

1. Before filling, write plainly with unfading ink—this is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 80199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 80199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Carney
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Chenoak Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl King.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-41

8. AGE: Years	Months	Days	If less than one day
			4 hr. 55 min.

9. Birthplace Carney, Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation infant.

11. Industry or business

FATHER 12. Name Carl F. King

13. Birthplace Commersville Ind.

MOTHER 14. Maiden Name Dorothy Bell Duante

15. Birthplace Balto Md

16 (a) Informant Herbert C. Duante.

(b) Address 2926 Chenoak Ave

17 (a) Parkwood (b) Date thereof May 1 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location William Sook

18 (a) Funeral director 12 19 St Paul

Address Balto Md

MAY 1 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941 to April 30 1941, and that I last saw her alive on April 30 1941.

Immediate cause of death Premature Birth — Duration 5 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Livingood M. D.

Address Mercy Hospital Date signed 4-30-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Halbrook
(If outside city or town limits, write RURAL and give town)
(d) Street No. Randallstown P.O.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Gail Triplett

3 (b) If veteran, name war

3 (c) Social Security Account No. 260-05-3986

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1896

8. AGE: Years	Months	Days	If less than one day
44	10	21	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name R. Albert Triplett

13. Birthplace Md

MOTHER 14. Maiden Name Ellen Bailey

15. Birthplace Md

16 (a) Informant Dola Triplett

(b) Address Halbrook Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (month) (day) (year)

(c) Cemetery or crematory Wards Chapel

Location Liberty Road

18 (a) Funeral director E. Harry Rivers

(b) Address Sykesville, Md.

19 MAY 1 - 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941 at 4½ P.M.

21. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Multiple fractures, skull, ribs, pelvis	
Due to Lobular pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 9-2
(b) Date of occurrence 4/30/41
(c) Where did injury occur? Sykesville (City or town) Carroll (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fall of roof

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/1/41

VS 6

F 80201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓

F 80201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

7 K

3 (a) FULL NAME Frederick H. Braun (Brown)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Susan H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1874

8. AGE: Years	Months	Days	If less than one day
66	11	9/21	hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Braun
13. Birthplace Penna

MOTHER
14. Maiden Name Alvia Bauman
15. Birthplace Penna

16 (a) Informant Mrs Helen Hanaway (Niece)
(b) Address 1022 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) MAY 1 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 0 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/1/41

VS 6

F 80202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-e F 80202 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5928 Marluth Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5928 Marluth Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Anna Elizabeth Melcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wh	Widowed

6 (b) Name of husband or wife Robert Melcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25th. 1867

8. AGE: Years	Months	Days	If less than one day
74	2	4	hr. min.

9. Birthplace Rodebach, Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Peter Kuemmel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Felton
15. Birthplace Germany

16 (a) Informant Mrs. Anna R. Klimm
(b) Address 5928 Marluth Ave.

17 (a) Burial (b) Date thereof May 3, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Balto. Co., Md.

18 (a) Funeral director Lasanby Funeral Home
(b) Address 7401 Belair Road

MAY 1 - 1941 (b)
(Date rec'd by registrar) Registrar

VS 8

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1941, at 10.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st. 1938, to Apr 29 1941, and that I last saw her alive on Apr 29 1941.

Immediate cause of death: Carcinoma of the Duodenum — Duration: 3 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 4-30-41

F 80203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 80203

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Light St.
(c) Hospital or institution
St. Balt. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Covington St
(If rural, give location)
(e) If foreign born, how long in U. S. A.) 56 years

3 (a) FULL NAME Mrs Louise Kohlhoff.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed.
6 (b) Name of husband or wife: Louis J. Kohlhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5th 1881

8. AGE: Years 59 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name John H. Smith
13. Birthplace England

MOTHER
14. Maiden Name Fannie Bennett
15. Birthplace England

16 (a) Informant Mrs. Minnie Heintzle
(b) Address 1419 Lexington St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 3rd 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location

18 (a) Funeral director C. Schloman & Son
(b) Address 1039 Hanover St.

MAY (Date rec'd by registrar) (by) Huntington Willis, Registrar

VS 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1941 to 4-30 1941 and that I last saw her alive on 4-30 1941.

Immediate cause of death: Vasomotor paralysis of circulation of lungs.
Due to: Hypostatic Pneumonia
Due to:
Other Conditions: Hypertension & Diabetes Mellitus.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ventral Hernia
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signed Willard D. Rappleman
Address 20 Bath St. Date signed 4-30-41

F 80204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. ✓ F 80204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E. 29th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Yadlick Waxter.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Lloyd H. Waxter
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 27, 1893

8. AGE: Years	Months	Days	If less than one day
48		7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John Yadlick
13. Birthplace Austria

MOTHER
14. Maiden Name ?
15. Birthplace Austria

16 (a) Informant Lloyd H. Waxter
(b) Address 1622 E. 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave & Belair Rd.

18 (a) Funeral director Charles S. Solomon
(b) Address 2201-09 E. Madison St.

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1941, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1941, to April 29 1941, and that I last saw her alive on April 29 1941.

Immediate cause of death	Duration
Carcinoma of stomach with metastasis to spinal cord.	6 months
Due to	
Due to	
Other Conditions Paraplegia Respiratory failure	1 month

(Include pregnancy within 3 months of death)

Date of operation Feb. 20, 1941

Major findings of operations: Carcinoma of stomach & extensive metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence S. Cannon
Address Md. General Hospital Date signed 4/29/41 M. D.

F 80205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a ✓ Registered No. F 80205

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Bennett Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilhemina Burnett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife Thomas Burnett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1849

8. AGE: Years	Months	Days	If less than one day: hr.	min.
92				

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dan Dunnock
13. Birthplace Md

MOTHER
14. Maiden Name Rose Smith
15. Birthplace Md.

16 (a) Informant Thomas Burnett
(b) Address 923 Bennett Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1941 (month) (day) (year)
(c) Cemetery or crematory Taylor Island Md.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 MAY 1 – 1941 (Date rec'd by reg.) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1941, to 4-28 1941, and that I last saw h[illegible] alive on 4-27 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 3 wks.
Due to Hypertension
Due to Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Lintell M. D.
Address University Hospital Date signed 4-28

F 80206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 904 Morris St
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Morris St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T Campbell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Mamie Campbell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 15 1863

8. AGE: 58 years | Months: 0 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Maryland Montgomery Co (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Columbia Campbell
13. Birthplace: Montgomery Co Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Mamie Campbell
(b) Address: 404 Morris St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1941 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N Schroeder St

19 (a) MAY 1 - 1941 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 2:30 a M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941, to April 30, 1941, and that I last saw him alive on April 30 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 15
Due to: Interstitial nephritis
Due to:
Other Conditions: Hard work
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: D. Grant Gott M. D.
Address: 354 N. Bidle St Date signed

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a ✓ Registered No. F 80207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Whitelock St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Whitelock St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Welsh Pitts (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Md

MOTHER
14. Maiden Name Ella Harris
15. Birthplace Md

16 (a) Informant Agnes Smith
(b) Address 1121 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Isaac L. Powers
(b) Address 1019 W Monument St

19 (a) MAY 1 1941 (Local Registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941, to April 28 1941. and that I last saw her alive on April 27 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 14 hours
Due to
Due to
Other Conditions Contr. Insuffic. Colitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Bittelsbrun M. D.
Address 817 Hamilton Ter Date signed

80208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 80208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Philip Lipscomb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 - 1873

8. AGE: Years	Months	Days	If less than one day
67	9	28	hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Solicitor (Retired)

11. Industry or business

FATHER 12. Name John W. Lipscomb

13. Birthplace Balto Md

MOTHER 14. Maiden Name Sarah E. Ricketts

15. Birthplace Balto Md

16 (a) Informant Miss Lizzie Lipscomb

(b) Address 1730 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 - 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Edward Lord

(b) Address 2330 N Charles St.

MAY 1 - 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30- 1941, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1941, to 4-30- 1941, and that I last saw h IM alive on 4-30- 1941.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic C.V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Boland M. D.

Address Date signed

80209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C Registered No. F 80209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Less than 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) — 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Lakeshore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Jane Leonard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1939

8. AGE: Years	Months	Days	If less than one day
1	10	29	hr. min.

9. Birthplace Asst Balt. Gen'l Hosp., Balto., Md. (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Stanley James Leonard
13. Birthplace Rochester, N. Y.

MOTHER
14. Maiden Name Ella Mary Lutz
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address Lakeshore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director C. D. Tarmey & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) MAY 1 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 4-29 1941, and that I last saw her alive on 4-29 1941.

Immediate cause of death: Laryngotracheo bronchitis — Duration: 2 days?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy To be done at Johns Hopkins Hosp., Pathol. Dept

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hospital Date signed 4-29-41

80210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 80210 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Found in woods in rear of 612 S.
(c) Hospital or institution: Bethel St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARCELLIUS JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
59?			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant "
(b) Address "

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1941 (month) (day) (year)
(c) Cemetery or crematory St Mary's Hampden
Location Baltimore

18 (a) Funeral director E. Leroy Stiffler Inc
(b) Address 125 E. Monument Ave

19 (a) MAY 1 1941 Huntington Williams, M.D.
(Filed by registrar) (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1941, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar right.	
Due to	
Due to	
Other Conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D. Medical Examiner.

Date signed 4-23-41

80211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6

Registered No. F 80211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Mount St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martha E Epps

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23. 1923

8. AGE: Years	Months	Days	If less than one day
17	10	7	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Daniel Epps
13. Birthplace Va

MOTHER
14. Maiden Name Dorothy Eleazer
15. Birthplace New York New York

16 (a) Informant Henry Epps
(b) Address 1129 N Mount street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Baltimore Co Maryland

18 (a) Funeral director Joseph A Tipsky
(b) Address 409 N Mount street

19 MAY 1 — 1941 (b) Huntington Williams MD
(Date received by Registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1941, to 4/30 1941, and that I last saw her alive on 4/30 1941.

Immediate cause of death	Duration
a cute yellow atrophy of liver	3 wks.
Due to	
arsenical poisoning	1 yr.
Due to treatment for syphilis	1 yr.
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Hurley M. D.
Address University Hosp. Date signed 4/30/41

F 80212

395-6-41

Dozier

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

x 107 ✓

F 80212

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days

(e) Length of stay in Baltimore (yrs., mos., or days) 31 days

2. USUAL RESIDENCE OF DECEASED:

(a) State N-Car (b) County

(c) City or town Myrtle Beach (If outside city or town limits, write RURAL and give town)

(d) Street No. Dog-9-Way Cottages (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Ronald Clark Hozier

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-30

8. AGE: Years: 11 Months: 0 Days: 18 If less than one day: hr. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER 12. Name: H. Hozier

FATHER 13. Birthplace: S-Car-

MOTHER 14. Maiden Name: Emma West

MOTHER 15. Birthplace: S Car-

16 (a) Informant: Parents

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (month) (day) (year)

(c) Cemetery or crematory: Pine Grove Myrtle Beach

Location: Myrtle Beach, S. C.

18 (a) Funeral director: A. Lee Edge

(b) Address: 4644 York Road

19 MAY 1 - 1941 (Date rec'd by Registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1941 to May 1 1941, and that I last saw h[illegible] alive on May 1 1941.

Immediate cause of death	Duration
Aspiration bronchopneumonia	1 wk
Due to Schilders disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry P. Goldberg M. D.

Address Johns Hopkins Hosp Date signed 5-1-41

395-641 F 80213 × F 80213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Hebron
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-30

8. AGE: Years	Months	Days	If less than one day
11	1	8	hr. min.

9. Birthplace Hebron Md Wicomico
(Town, county, and State)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Wright
13. Birthplace Md

MOTHER
14. Maiden Name Edith Howard
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSP

17 (a) Burial (b) Date thereof 5/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebron Cem.
Location Hebron Md.

18 (a) Funeral director Jno. L. Meredith & Sons
(b) Address Hebron Md.

MAY 9 1941 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1941, at 6.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 4 1941, to MAY 1 1941, and that I last saw him alive on MAY 1 1941.

	Duration
Immediate cause of death: Cardiac failure	1 mo.
Due to: Rheumatic heart disease	3 yr.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P Doolittle M. D.
Address Johns Hopkins Hosp Date signed 5-2-41

F 80214

80214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw and Greene Sts

(c) Hospital or institution:

University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Washington

(c) City or town Hagerstown

(If outside city or town limits, write RURAL and give town)

(d) Street No. 716 Elliott Terrace

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Marshall Hilson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lenore Hilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8-1865

8. AGE: Years	Months	Days	If less than one day
75	4	13	hr. min.

9. Birthplace North Carolina

(Town, county, and state)

10. Usual Occupation Stock Broker

11. Industry or business

FATHER

12. Name Thomas C. Hilson

13. Birthplace Emporia, Va.

MOTHER

14. Maiden Name Janet Mitchell

15. Birthplace Warrenton, N. C.

16 (a) Informant Boyd K. Beard

(b) Address Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1941 (month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18 (a) Funeral director C. M. Suter & Sons

(b) Address Hagerstown, Md.

19 (a) Date rec'd by Registrar MAY 2 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1941, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941, to 5-1 1941, and that I last saw h[illegible] alive on 5-1 1941.

Immediate cause of death	Duration
Probable Carcinoma of lung & metastases	2
Due to Sinusitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Lentz M. D.

Address University Hospital Date signed 5-1

F 80215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80215 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 A. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 A. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Butterworth

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh	Married

6 (b) Name of husband or wife Louis A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1884

8. AGE: Years	Months	Days	If less than one day
57	2	4	hr. min.

9. Birthplace Somerset Co., Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name William Walston
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Gardner
15. Birthplace Md

16 (a) Informant Mrs Edna Griffin (Sister)
(b) Address 4000 Wilsby Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Signature of registrar) (b) Hunting Williams M.D. Registrar

MAY 2 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 41 at 3 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 5/1/41

F 80216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Stultz

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Blanche Stultz

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1862

8. AGE: Years 79 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Westminster Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Laborer

FATHER 12. Name (Unknown) Stultz

13. Birthplace "

MOTHER 14. Maiden Name Dana "

15. Birthplace "

16 (a) Informant Blanche Stultz

(b) Address 420 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Mary's

Location Hampden

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D.

MAY 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941 at 330 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to May 1 1941 and that I last saw him alive on May 1 1941.

Immediate cause of death: arteriosclerotic cardio vascular disease — Duration 1 yr

Due to:

Due to:

Other Conditions: acute uremia (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.

Address 207 N. Wilkens Ave Date signed 5/1/41

F 80217 F 80217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 160-a

JN 65627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3rd da
(e) Length of stay in Baltimore (yrs., mos., or days) N.B.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 N Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Denton, Baby Boy (Della) (Birth F 27578)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	New-born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-29-41

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Denton
13. Birthplace Maryland

MOTHER
14. Maiden Name Della Toye
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-2-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Geo. G. Kelson
(b) Address 1203 Prestonian St.

MAY 2 - 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1941, at 4:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30/ 1941 to 5/1/ 1941, and that I last saw h[illegible] alive on 4/30 1941.

Immediate cause of death Intracranial hemorrhage — Duration 3 days

Due to intra uterine asphyxia accompanying breech extraction

Due to

Other Conditions Congenital debilities — 3 days.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D. Walker Jr.

Address Balto. City Hosp. Date signed 5/1/41

F 80218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 80218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2646 Oswego Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 Oswego Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY ORFUSS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Solomon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1888
8. AGE: Years 52 | Months | Days | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: HouseWife
11. Industry or business

FATHER
12. Name: Joseph Katz
13. Birthplace: Russia

MOTHER
14. Maiden Name: Martha Fisher
15. Birthplace: Russia

16 (a) Informant: Marvin Orfuss
(b) Address: 2646 OswegoAVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cem.
Location: Philadelphia Road
(a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave.
19 (a) (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1941, at 520 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1938, to May 2 1941, and that I last saw her alive on May 2 1941.

Immediate cause of death: Acute Cardiac Insufficiency — Duration
Due to: Arteriosclerosis — Hypertension
Due to: Cancer — over
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Daniel J. Selinsky M. D.
Address: 2301 Harlem Ave Date signed: 5/2/41

F 80219 65454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 80219 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Belnord Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Bialek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Frank Adolph Bialek
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 21, 1899

8. AGE: Years	Months	Days	If less than one day
41	9	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lucas Henry Lucassen (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Hilda Miller
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore, City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Howard D. Covington
(b) Address 21 W. 25th St.

19 (a) [illegible] (Signature of registrar)
Date received MAY 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 12 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1941 to 4-30 1941, and that I last saw her alive on 4-30 1941

Immediate cause of death: Carcinoma of uterus & intestines — Duration: 8 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney P. Eckert Jr. M. D.
Address Baltimore City Hosp. Date signed 4-30-41

F 80220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Mar 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ruland Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Constance Leonora Matteson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-2-37

8. AGE: Years 3 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Catonsville Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Herbert F. Matteson
13. Birthplace New York

MOTHER
14. Maiden Name Edna M Watkins
15. Birthplace New York

16 (a) Informant Herbert F. Matteson
(b) Address Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Fort Avenue
Location Washington Blvd

18 (a) Funeral director Edgar S. MacNabb
(b) Address Catonsville Md

19 (a) (Local registrar) (b) Huntington Williams, M.D.
MAY 2 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/29/41
(c) Where did injury occur? Ruland Rd Catonsville
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Open fire - clothes caught on fire

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 5/1/41

80221

HEALTH DEPARTMENT—CITY OF BALTIMORE

80221

CERTIFICATE OF DEATH

137a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N. Kenwood Ave. St. 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John F. Busch

If U. S. Veteran specify WAR

(a) Residence: No. 533 N. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret K. Busch nee (Unduch)

6. DATE OF BIRTH (month, day, year) June-23-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61Yrs.	10Mo.	6Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Goverment Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph A. Busch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Kuhn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret K. Busch
(Address) 533 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL May-3-1941
Place Loudon Park Cem. Date 19

19. UNDERTAKER Henry Stock & Son Inc.
(Address) 1301 E. Eager St.

20. FILED 19
MAY 3 - 1941 Registrar.

Thumbing for Abbreviations

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-29-1941

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1941, to April 29, 1941

I last saw h[illegible] alive on April 27, 1941 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate Pulmonary embolism.	4-17-41
Other contributory causes of importance:	

Was an operation performed? Yes Date of Apr. 21-1941

For what disease or injury?

Name of operation Prostatectomy.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Dietrich M. D.

(Address) 701 N. Fulton Ave.

INFORMANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80222 X F 80222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette ave John St.
(c) Hospital or institution: Women Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Aberdeen (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ R.F.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Kirkland

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 14 1880

8. AGE: Years	Months	Days	If less than one day
60	7	16	hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Ogden A. Kirkland
13. Birthplace Mass.

MOTHER
14. Maiden Name Lizzie Green
15. Birthplace Del.

16 (a) Informant Mary C. Kirkland
(b) Address Aberdeen Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 /41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto Md.

18 (a) Funeral director Henry W. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts

19 (Date received by registrar) MAY 2 — 1941 Registrar for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 12 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941, to May 1 1941, and that I last saw h e alive on May 1 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions Hypertrophic arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howell T. Stratton M. D.
Address Women Hosp Date signed 5/1/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

80223 CERTIFICATE OF DEATH 107 80223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hosp. Ward 6-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Sarah Mules

If U. S. Veteran specify WAR

(a) Residence: No. 1123 N. Fulton Ave St., S.S.NO. 220-09-5257

(Usual place of abode) Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9 8	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fore-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lady Lapsley Shade Co.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 30 Yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Milliard E. Mules

(Address) 1123 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 3 1941

19. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, M.D.

MAY 2- 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1 1941

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1941 to 5-1 1941

I last saw him alive on 5-1 1941 Death is said to have occurred on the date stated above, at 5 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-28 41
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lemard E. Blumenthal M.D.

(Address) W. B. G. H.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Faulkner

F 80224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

Registered No. E 80224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 7 Fayette & Calhoun Sts.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4108 S. Fifth St. (If rural give location)

(e) If foreign born, how long in U. S. A.? Brooklyn years

3 (a) FULL NAME Bessie E. Faulkner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
----	none	Female	White	Married

6 (b) Name of husband or wife Frank J. Faulkner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1885

8. AGE: Years	Months	Days	If less than one day
56	0	15	hr. min.

9. Birthplace A.A.Co., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Plummer R. Lowman

13. Birthplace A.A.Co., Md.

MOTHER

14. Maiden Name Eliza A. Lowman

15. Birthplace A.A.Co., Md.

16 (a) Informant Frank J. Faulkner

(b) Address 4108 S.Fifth St., Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (month) (day) (year)

(c) Cemetery or crematory CedarHill

Location Brooklyn, Md.

18 (a) Funeral director S. Howard Strong

(b) Address 715 Light St.

19 (a) MAY 2 — 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25, 1941 to April 29, 1941, and that I last saw h[illegible] alive on April 29, 1941.

Immediate cause of death Cardiac Insufficiency — Duration

Due to Cerebral Thrombosis

Due to

Other Conditions Diabetes Mellitus

(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.

Address Franklin Square Hosp. Date signed 4/29/41

Dr Ira E. Whitehill

80225 E. Lanvale & Ky.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80225
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5820 Clarks Hill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5820 Clarks Hill
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Henry Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widower

6 (b) Name of husband or wife Fannie D. Noonan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15-1863

8. AGE: Years	Months	Days	If less than one day
77	4	16	hr. min.

9. Birthplace Rockland Maryland
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William Henry Smith
13. Birthplace Warren Maryland

MOTHER
14. Maiden Name Mary Ann Gaston
15. Birthplace Baltimore Md.

16 (a) Informant Franklin P. Harry
(b) Address 5820 Clarks Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-41 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden Balto-Md

18 (a) Funeral director A. E. Marshall
(b) Address 3539 Falls Road.

MAY 2 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 3.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1941 to May 1 1941, and that I last saw him alive on Apr 30 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cardio-Vascular disease	
Due to Arterio Sclerosis	
Other Conditions Bronchial Asthma	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ira E. Whitehill M. D.
Address 230 E. Mnr Ave Date signed May 2/41

F 80226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 32-a

F 80226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U.S.Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo6da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo6da

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town New Orleans (If outside city or town limits, write RURAL and give town)
(d) Street No. 6033 St. Claude Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward James O'Brien

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucille Voisement
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) September 11, 1893

8. AGE: Years	Months	Days	If less than one day
47	7	19 20	hr. min.

9. Birthplace Garfield, New Jersey (Town, county, and state)
10. Usual Occupation Chief Officer
11. Industry or business Seafaring

FATHER
12. Name Daniel O'Brien
13. Birthplace New York

MOTHER
14. Maiden Name Mary O'Riley
15. Birthplace New York

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)
(c) Cemetery or crematory Passaic N.J.
Location Passaic N.J.

18 (a) Funeral director William Cook
(b) Address 124 E. Pond St

19 (a) (b)

Registered by (Registrar) Huntington Williams (Registrar)
MAY 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1941, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5, 1941, to May 1, 1941, and that I last saw him alive on May 1, 1941.

Immediate cause of death: Infectious hepatitis — Duration: 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. O'Brien, M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/2/41

F 80227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 80227
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 E Pratt
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifer

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E Pratt (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frank R Piesol

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lillian M Piesol
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 15 1864

8. AGE: Years 76 | Months 6 | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Butter Business
11. Industry or business

FATHER
12. Name Isaac Piesol
13. Birthplace Baltimo

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Mrs Lillian Piesol
(b) Address 2214 E Pratt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto

18 (a) Funeral director Sam Schaller & Bro.
(b) Address 3624 Greenmount Ave

19 (a) (Date received by registrar) MAY 9 1941 (b) Registrar Hunter & Son Williams Register

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941, to May 1 1941, and that I last saw h[illegible] alive on May 1 1941.

Immediate cause of death
Diabetic Coma — Duration 1 day
Due to Diabetes Mellitus — Duration ?
Due to .....
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Piesol
Address 2006 E Pratt St Date signed 5/1/41 (M. D.)

80228 JN 64423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

F 80228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-18da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. No home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Popowicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57 56	?	?	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Frances (D)
13. Birthplace Russia

MOTHER
14. Maiden Name Catherina
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address Balto. City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St
18 (a) Funeral director Wm. Fialkowski
(b) Address 1618 Eastern Ave
19 (a) MAY 2 1941 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1941, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941, to 5-1 1941, and that I last saw him alive on 5-1 1941.

Immediate cause of death Lobar pneumonia — Duration 2 days.
Due to Benign prostatic hypertrophy ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 4-29-41
Major findings of operation: Benign prostatic hypertrophy
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney A. Gellert M.D.
Address Baltimore City Hosp. Date signed 5-1-41

80229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 80229

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954 - Forrest St

(c) Hospital or institution: Md. Penitentiary Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (Unknown) (If rural give location) 1135 N. Carrollton ave

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Mc Del Pearode (Also known as John Neal)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ada Jackson Pearode

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
33	11	22	hr. min.

9. Birthplace Johnson City, Tenn. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER — 12. Name James Pearode

13. Birthplace Jamaica, B. W. Indies

MOTHER — 14. Maiden Name Julia Powell

15. Birthplace Roanoke, Va

16 (a) Informant Penitentiary Records

(b) Address 954 Forest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/41 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd - Balto Co. Md.

18 (a) Funeral director John J. Faber & Son

(b) Address 13 E. Lexington St.

19 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1941, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1941 to April 28 1941, and that I last saw him alive on April 28 1941.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Pearode M. D.

Address 1129 St Paul St Date signed 4-28-41

VS 3

F 80230

BALTIMORE CITY HEALTH DEPARTMENT

cc 64848

CERTIFICATE OF DEATH 1473

F 80230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 N. Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Allean Mack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1907

8. AGE: Years 33 | Months 7 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Thomas Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave Huntington Williams, W. Va.

19 MAY 2 - 1941 (b) (Must be filed by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1941, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/41 to 4/30/41, and that I last saw h[er] alive on 4/30/41.

Immediate cause of death
Gonorrheal salpingitis — 1 — 30 days
Due to Gonorrheal peritonitis — 25 days
Due to Pregnancy delivered 30 weeks — 30 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. Halbert Jr.
Address Balto. City Hosp. Date signed 5/1/41

F 80231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 80231 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 160 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Mossie Silvia (61111)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Manuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1917

8. AGE: Years	Months	Days	If less than one day
23	8	6	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Franklin Robinette
13. Birthplace Va.

MOTHER
14. Maiden Name Verna Gibson
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 3 41 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Edmondson Ave.
18 (a) Funeral director Randell J. Hoppel
(b) Address 3128 Highland Ave.
MAY 2 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941, at 6:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Apr. 29, 1941, and that I last saw her alive on Apr. 29 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M. D.
Address Baltimore City Hospitals Date signed 4/29/41

F 80232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 80232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 Grannua Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2037 E. Balto St

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Aaron Kaush

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Betha

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Tailor

11. Industry or business

FATHER

12. Name Wolf Kaush

13. Birthplace Russia

MOTHER

14. Maiden Name Zgetta Ginder

15. Birthplace Russia

16 (a) Informant Mrs. Kaush

(b) Address 640 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Shoma Mishnath

Location Rosedale

18 (a) Funeral director Jack Davis Inc

(b) Address 1439 E. Balto St

19 MAY 2 - 1941 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1941, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1941, to 5/2 1941 and that I last saw him alive on 5/1 1941.

Immediate cause of death Heart failure

Due to Arteriosclerotic heart disease

Due to

Other Conditions Broncho pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. Hoard Jr. M. D.

Address Sinai Hosp. Date signed 5-2-41

VS 3

F 80233

F 80233
396950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124-B

F 80233
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Schultz (or) SCHUTZ
3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Eva
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-6-65
8. AGE: Years 76 Months 1 Days 24 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Henry Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 3 41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md
18 (a) Funeral director Martin F. E. Dippel
(b) Address 37 S. Eden St.

MAY 2 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1941, at 8.50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1941 to Apr 30 1941, and that I last saw h IM alive on Apr 30 1941.

	Duration
Immediate cause of death Cardiac failure	
Due to Aortic insufficiency	1913+
Due to Healed bacterial endocarditis	1913+
Other Conditions Cirrhosis of liver ?	

(Include pregnancy within 3 months of death)
Date of operation 4/29/41
Major findings of operation: Ascites -
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury SEMANS
23. Signature James H Simons
Address Johns Hopkins Hosp. Date signed 5/1/41

VS 3

E3 902346 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-7

F 80234

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 E Madison (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Floyd
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-05-2619

4. Sex: Male | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: Sep
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-93

8. AGE: Years 47 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Floyd
13. Birthplace N.C.

MOTHER
14. Maiden Name Isabel Philpot
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3rd 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Q. A. Co. Md

18 (a) Funeral director Bylow Mamie V. Knight
(b) Address 1278 McElderry St

MAY 2 - 1941 (Date rec'd by registrar) (b) [illegible], M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1941, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 13 1941 to MAY 1 1941, and that I last saw him alive on MAY 1 1941.

Immediate cause of death HEMORRHAGE from gastric ulcer — Duration ?

Due to

Due to

Other Conditions Aneurysm of st. innominate artery (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kathleen Klein

Address Johns Hopkins Hosp. Date signed 5/4/41 M. D.

29

F 80235

39 50 29 80235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-N

F 80235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Sterling St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6555

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-92

8. AGE: Years	Months	Days	If less than one day
48	4	5	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Braxton Washington

13. Birthplace Va

MOTHER 14. Maiden Name Mallie ?

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location Brooklyn Q. A. Co. Md

18 (a) Funeral director Bilson Dramin & Knight

(b) Address 1218 N Eutaw St

19 (a) [illegible] 1941 (b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1941 to Apr 30 1941, and that I last saw him alive on Apr 30 1941.

	Duration
Immediate cause of death Hemorrhage, stomach (?) I.V. fistula resection ???	
Due to Hemorrhage from Acquired Gastric ulcer	3 days.
Due to Pneumococcal pneumonia Type III	3 wks.
Other Conditions Hypothyroidism, Ht	

(Include pregnancy within 3 months of death)

Date of operation 4-13-41

Major findings of operation: Perforated marginal ulcer of jejunum

of autopsy: Surgery except for perforated ulcer

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M by Rawitch M. D.

Address Johns Hopkins Hosp. Date signed 5-10-41

VS 3

F 80236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 80236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 44 McCulloh St (If rural give location)
1302 North Mount Street - or
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Fred Douglas Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-0478

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
40 39			hr. min.

9. Birthplace Blackstone, Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fred Morgan
13. Birthplace Virginia

MOTHER
14. Maiden Name Mathila Waters
15. Birthplace Virginia

16 (a) Informant Virgie Hawkes
(b) Address 1302 North Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Va
Location Blackstone, Va

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Riesterstown St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 3:42 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of left iliac vein	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5/1/41
(c) Where did injury occur? McCulloh & Monroe Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Gunshot wound - shooting by Postal

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 5/1/41

F 80237

HEANEY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 80237

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Wilkens

(c) Hospital or institution: St Agnes Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt

(c) City or town Balt (If outside city or town limits, write RURAL and give town)

(d) Street No. 2661 St Benedict (If rural give location)

Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph Heaney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1923

8. AGE: Years	Months	Days	If less than one day
18	0	3	hr. min.

9. Birthplace Balt (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Clement Heaney

13. Birthplace Mass

MOTHER 14. Maiden Name Mary Morris

15. Birthplace Ireland

16 (a) Informant Chart, Hospital Records

(b) Address Caton & Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location 4300 Frederick Rd

18 (a) Funeral director John J. Cowan & Son

(b) Address 921 Gallins St.

MAY 2 1941 Huntington Williams, M.D.

(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5- 1941, to 5-1 1941, and that I last saw h. alive on 5 1 1941.

Immediate cause of death Melena

Subarachnoid & Cerebral Hemorrhage

Due to Lung Pathology

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature S. W. Parks M.D.

Address St Agnes Hosp Date signed 5/1/41

80238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 80238

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2650 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2650 W. North Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIE M. BOCKMILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William F. Bockmiller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1863

8. AGE: Years	Months	Days	If less than one day
77	8	16	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Virgil Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name May A. Carr
15. Birthplace Maryland

16 (a) Informant Mr. Wm. F. Bockmiller
(b) Address 2650 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 2 — 1941 (Filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1941, at 4:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1941, to May 1 1941, and that I last saw h[illegible] alive on May 1st 1941.

Immediate cause of death	Duration
Carcinoma of Bladder	Several Years
Due to Unknown	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Wm. Conrad Bode, M. D.
Address 1900 Maryland Ave Date signed May 27/941

VS 8

F 80239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

F 80239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Mohawk Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Mohawk Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES A. GETTIER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Jessie Virginia Gettier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1862

8. AGE: Years	Months	Days	If less than one day
79	0	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Printer & Engraver
11. Industry or business Self

FATHER
12. Name Agustus Jacob Gettier
13. Birthplace Manchester, Maryland

MOTHER
14. Maiden Name Elizabeth Kirk Fincher
15. Birthplace Wilmington, Delaware

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 2 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1941 at 9:25A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Dec 15 1941, and that I last saw h alive on 19

Immediate cause of death Acute dilatation of Heart — Duration 3 mos

Due to Mitral Regurgitation Hypertension

Due to

Other Conditions Albuminuria — 3 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Gettier M. D.
Address 4509 Roland Ave Date signed May 2

F 80240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E F 80240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yvonne Chase — Birth F 24002

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	negro	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-9-41

8. AGE: Years	Months	Days	If less than one day
	03	19	hr. min.

9. Birthplace Baltimore, Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Elliott Chase
13. Birthplace N.C.

MOTHER
14. Maiden Name Byrd? (Chase)
15. Birthplace N.C.

16 (a) Informant Byrd Chase
(b) Address 21 N. Fremont

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL

MAY 2 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAY 2 — 1941 Filed by registrar — Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1941 to 4-28 1941, and that I last saw h[illegible] alive on 4-28 1941.

Immediate cause of death	Duration
Hydrocephalous, interna	
Due to	
Due to	
Other Conditions Post operative shock	

(Include pregnancy within 3 months of death)

Date of operation Confirmed 4-28-41

Major findings of operation: Confirmed

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert [illegible] M.D.
Address University Hospital Redwood & Greene Sts Date signed 4-29-41

VS 3

6455

80241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Grace

F 80241

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Baltimore Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 442 Fendwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ARTHUR FIELDS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: Col. | 6 (a) Single, married, widowed, divorced: ?

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1880

8. AGE: Years 61 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Norfolk Virginia
(Town, county, and state)

10. Usual Occupation Col cook & waiter

11. Industry or business S.S. Baltic Tenney hospital ship

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Capt. J. H. Anderson
(b) Address Lamb Wharf, Baltimore

17 (a) Shipped. (Burial, cremation, or removal) (b) Date thereof 5-2-41 (month) (day) (year)
(c) Cemetery or crematory Norfolk. Va.
Location

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. West St

19 (a) MAY 2 1941 (Date rec'd by registrar) Huntington Williams Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 10:55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
CORONARY OCCLUSION	
Coronary occlusion	
Due to	
Due to	
Other Conditions hrn	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-30-41

VS 6

F 80242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 80242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis X. Creaghan

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-1694

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced.
Male	white	

6 (b) Name of husband or wife Margaret Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1888

8. AGE: Years	Months	Days	If less than one day
57	4	16	— hr. — min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Foreman for
11. Industry or business Carlett & Hayward

FATHER
12. Name Patrick J Creaghan
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margaret O'Brien
15. Birthplace Md

16 (a) Informant Mrs Mary Creaghan
(b) Address 1815 W Saratoga

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/3/44 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Bates Md

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 MAY 2 1944 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30 1944, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19 , to 4/30/44 19 , and that I last saw him alive on 4/29/44 19 .

Immediate cause of death Acute cardiac dilatation — Duration 2 days.
Due to Chronic myocarditis — 6 yrs.
Due to chronic nephritis. — 6 yrs.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Cales
Address 4 N. Eastern Date signed 5/3/44

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80243
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 E. Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 E. Fayette st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Barton

3 (b) If veteran, name war NO
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Isadore Barton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1872

8. AGE: Years	Months	Days	If less than one day
68	7	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John Pollard
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria Rogers
15. Birthplace "

16 (a) Informant Frank T. Picha
(b) Address 1822 W. Fayette st

17 (a) Burial (b) Date thereof 5/3/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (b) Huntington Williams M.D.
Registered by number

MAY 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941 at 11:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941 to May 1 1941, and that I last saw h[illegible] alive on Apr. 30 1941.

	Duration
Immediate cause of death acute heart failure.	
Due to Cardio-vascular Renal disease.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm J Debnick M.D.
Address 701 N. Howard ave Date signed 5/2/41

E 80244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80244

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Lennox st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Lennox st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane (Jennie) L. Lyles

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None F

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7th 1858

8. AGE: Years 82 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William J. Lyles
13. Birthplace [illegible] Md.

MOTHER
14. Maiden Name Jane Clare
15. Birthplace Md

16 (a) Informant Mrs Wm Lyles
(b) Address 719 Lennox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3rd 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAY 3 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941, at 8.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to May 1 1941, and that I last saw h[illegible] alive on May 1 1941.

Immediate cause of death: Carcinoma of Intestine
R. Lower Quadrant — Duration: 1 year
Due to: No x-ray
Due to: No operation
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H G Jones
Address 2918 W Fayette Date signed 5/7/41

F 80245 OF 65304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/26

Registered No. F 80245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 S. Macon Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willy Wegener

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Matilda
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation barber
11. Industry or business

FATHER
12. Name Frederick Wegener
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Peetsch
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hosptials

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2006 Allens

19 (a) MAY 3 - 1941 (Date rec'd by registrar) (b) Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 6 39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941, to 4-30 1941. and that I last saw him alive on 4-30 1941.

Immediate cause of death Bronchopneumonia
EXCORIATION
Due to P.O. Excoriation
Due to Decubitus Abd. Wound

Other Conditions

Duration 72 hrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cholelithiasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Royden M. D.
Address Balto. City Hosp. Date signed 4-30-41

F 80246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N Pulaski (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Celia Biden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Chas E Biden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18 1863

8. AGE: Years 78 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

MOTHER / FATHER
12. Name John W Smith
13. Birthplace Ireland
14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Wallace C Biden
(b) Address 1813 N Lamb

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director John Ulmich
(b) Address 2008 Williams St

19 (a) MAY 8 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 3-0 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1939 to 5/2 1941, and that I last saw her alive on 4/30 1941.

Immediate cause of death	Duration
Intravalvular Cardio-Vascular Renal Disease	5 yr.
Due to	
Due to	
Other Conditions Acute nephritis - uremia	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum, Met
Address 1206 E Preston St Date signed 5/2/41

Penalty for making false report, or for concealing facts. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 80247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 E. 35th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 E. 35th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Tawney Kuszmaul

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4827

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Evelyn Kuszmaul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1891

8. AGE: Years	Months	Days	If less than one day
49	4	28	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name William Kuszmaul
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Lewine Tawney
15. Birthplace Balto Md.

16 (a) Informant Robt. Wm Kuszmaul
(b) Address 619 McKewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5th 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Livingston Williams, Registrar

May 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1st. 1941. to May 1st. 1941.
and that I last saw him alive on May 1st. 1941.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Endocarditis	6 mos.
Due to ------	---
Other Conditions Myocarditis	----

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. W. Montgomery M.D.
Address 401 E. 25th. St. Date signed 5/3/41.

F 80248

BALTIMORE CITY HEALTH DEPARTMENT

JN 65625

CERTIFICATE OF DEATH

93-D

Registered No. F 80248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1839 N. Chester St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank George

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-0497

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 6-16-1880

8. AGE: Years	Months	Days	If less than one day
60	7 10	19 16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER — 12. Name Andrew

13. Birthplace Maryland

MOTHER — 14. Maiden Name Catherine Shrum

15. Birthplace Pennsylvania

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) MAY 2 1941 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2- 1941, at 2 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1941 to 5-2- 1941, and that I last saw him alive on 5-2- 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertensive CVD.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Cardiac enlargement

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 5-2-41

F 80249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ F 80249

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 FAIT AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 FAIT AVE. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN G. FISHER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SALLIE A. FISHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT. 1 1888

8. AGE: Years 52 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: POLICE OFFICER.
11. Industry or business: BALTO. CITY

FATHER
12. Name: BERNARD FISHER.
13. Birthplace: BALTO.

MOTHER
14. Maiden Name: KUNIGUNDA GEPHARDT
15. Birthplace: BALTO.

16 (a) Informant: SALLIE FISHER (WIFE)
(b) Address: 3803 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5/41 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN EXT.

18 (a) Funeral director: Kelly & Zaterlee
(b) Address: 403 S. MOLER ST.

19 (a) (Date rec'd by registrar) (b) Lester Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 1 1941, and that I last saw him alive on May 1 1941.

Immediate cause of death: Coronary Thrombosis — Duration 10 minutes

Due to

Due to

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Gaskel M.D.
Address 637 Cathedral St. Date signed 4/2/41

80250
396370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

F 80250 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Fla. (b) County

(c) City or town Osteen (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Edward Pell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 1-11-00

8. AGE: Years	Months	Days	If less than one day
41	3	21	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name J. Pell

13. Birthplace Ohio

MOTHER 14. Maiden Name Martha Shephard

15. Birthplace Florida

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 3rd 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Sanford Florida

(a) Funeral director Geo. M. Smith & Son

(b) Address 811 N Wolfe St

19 (a) 19 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18 1941, to May 2 1941, and that I last saw him alive on May 2 1941.

Immediate cause of death	Duration
Pneumothorax	
Mucothorax	
Massive Crepitus,	
Regas Lung with	
Hydroperiticardium	3 hr.
Due to Pneumonia, right	
Other Conditions Bronchiectasis	over
Lung Abscess (?)	

(Include pregnancy within 3 months of death)

Date of operation 5-2-41

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Monroe Mason III

Address Johns Hopkins Hospital Date signed 5-2-41

F 80251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 80251
Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 N. Broadway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Teal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1848

8. AGE: Years	Months	Days	If less than one day
92	6	4	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation retired builder
11. Industry or business

FATHER
12. Name Archibald Teal
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Grace Heath Teal
(b) Address 1230 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1941 (month) (day) (year)
(c) Cemetery Green Mount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place, Baltimore

19 MAY 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1939 to 5-1 1941 and that I last saw him alive on 5-1 1941.

Immediate cause of death	Duration
Myocardial Degenation	4days
Due to	
Due to Cerebral Arteriosclerosis	15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation NA
Major findings of operation: NA
of autopsy: NA

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NA
(b) Date of occurrence NA at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? NA (Specify type of place) While at work? NA
(e) Means of injury

23. Signature Daniel Miller M.D.
Address 1500 N. Broadway Date signed 5/1/41

VS 8

F 80252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Eutaw Place
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence J. Stoddard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Nettie May Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1873

8. AGE: Years 67 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation B & O Clerk, retired

11. Industry or business

FATHER
12. Name Charles G. Stoddard
13. Birthplace Md.

MOTHER
14. Maiden Name Emily M. Patterson
15. Birthplace Va.

16 (a) Informant Mrs. Nettie May Stoddard
(b) Address 1601 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5. 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave., Balto., Md.

18 (a) Funeral director John O. Mitchell's Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) MAY 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/41 19 . at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 , to 5/1/41 19 , and that I last saw h/M alive on 5/1/41 19 .

	Duration
Immediate cause of death: Acute cardiac dilatation	
Due to: Chronic myocarditis	10 yrs.
Due to: Chronic arteritis. Hypertrophy	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wales
Address 4 N. Fulton Ave. Date signed 5/3/41

VS 3

H. Wales

F 80253 ✓ F 80253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 N Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Simpson ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1939

8. AGE: Years	Months	Days	If less than one day hr.	min.
2	2	11		

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Simpson
13. Birthplace Virginia

MOTHER
14. Maiden Name Bessie Gilmore
15. Birthplace

16 (a) Informant Bessie Simpson
(b) Address 1111 North Wolfe Street

17 (a) Burial (b) Date thereof May 3, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R.A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) MAY 3 - 1941 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941, to May 1 1941, and that I last saw her alive on May 1 1941

Immediate cause of death	Duration
Mediastinitis	
Due to Esophageal Ulceration	
Due to Ingestion of Lye	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 30, 1941
(c) Where did injury occur? 1111 N. Wolfe Home - Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Ingestion of Lye

23. Signature John G Baker M.D.
Address St Joseph's Hosp Date signed 5-1-41
Howard A. Kelly M.D.

Please write plainly, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Any false statement, concealment, or omission of facts called for above is punishable by law. Information required in this certificate is necessary for the legal, scientific, and accurate registration of death, and the certificate should be filled out completely and correctly. Omission to answer any question as fully as known will necessitate returning certificate for correction, thereby delaying burial. Physicians are required by law to report to the Registrar of Vital Statistics the cause of death of every person certified by them, and the certificate must be filed with the Registrar before a burial permit will be issued. The personal and statistical particulars should be obtained from the most reliable person available. In every case the exact medical terms should be used, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80254

Archie

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 C

F 80254 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archie R. Williams

3 (b) If veteran, name war: W. W

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgia Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 8 99

8. AGE: Years: 42 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Mary Williams
15. Birthplace: Balto Md

16 (a) Informant: Georgia Williams (wife)
(b) Address: 617 S Dolphin St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5 | 3 | 1941 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Balto Md.

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N Schroeder St

19 (a) MAY 3- 1941 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1941, at 3 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Creosote poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major Findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/30/41
(c) Where did injury occur? 414 W Lexington - Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Drank to creosote

23. Signature H L Wolfenmeyer M.D. Medical Examiner.

Date signed 5-3-41

VS 6

F 80255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80255 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3506 Berwyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Berwyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Francks Crow

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Samuel H Crow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1874

8. AGE: Years	Months	Days	If less than one day
67	4 3	8	hr. min.

9. Birthplace Alberton, Howard Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Theodore H. C. Russell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Elsewood
15. Birthplace Balto. Co. Md.

16 (a) Informant Samuel H. Crow.
(b) Address 3506 Berwyn Ave

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 5-3-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Balto. Co. Md.

18 (a) Funeral director Loring Byers.
(b) Address 5005 York Rd. Station E

19 5/3/41 (Date rec'd by registrar) (b) Registrar

VS 39

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2. 1941, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7- 1936, to May 2. 1941
and that I last saw h[illegible] alive on May 1 1941.

Immediate cause of death Cerebral Hemorrhage and Paralysis - Nov. 7/36
Cerebral Hemorrhage + Paralysis

Duration 4 yrs 1/41

Due to

Due to Advanced Arterio Sclerosis

Duration about 5 yrs

Other Conditions Hypertension

Duration 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dubbs
Address 1 May 2/41 Harrison Bldg. Date signed

F 80256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 80256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 22 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: S. Carolina (b) County:
(c) City or town: Columbia (If outside city or town limits, write RURAL and give town)
(d) Street No.: (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Bruce Mayne

3 (b) If veteran, name war:

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1882

8. AGE: Years: 58 Months: 9 Days: 1 If less than one day: hr. min.

9. Birthplace: Middlesex, England (Town, county, and state)

10. Usual Occupation: Malaria Investigation

11. Industry or business: U. S. Public Health Service

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/3/41 (month) (day) (year)
(c) Cemetery or crematory: J. Wm Lee's
Location: Washington, D.C.

18 (a) Funeral director: J. Wm Lee's Sons
(b) Address: 300 Block N. E. - Washington, D.C.

19 (c) MAY 8 1941 (Date received by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30, 1941, at 4:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1941, to April 30 1941, and that I last saw him alive on April 30, 1941.

	Duration
Immediate cause of death: Recurrent carcinoma with matastasis to spine	
Due to: Carcinoma of stomach	2 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation: April 21, 1941
Major findings of operation: Electro-dessication of lesion, lt. thigh
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J Clarence

Address: US Marine Hospital - Baltimore, Md. Date signed: 5/1/41 M. D.

80257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80257

CERTIFICATE OF DEATH

48-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Lamens St. 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nannie (Minnie) Cox

If U.S. Veteran specify WAR .....

(a) Residence: No. 170 Lamens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Cox 1872

6. DATE OF BIRTH (month, day, year) Apr 15, 1773

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Calvin Wheeler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ambrown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Hill

(Address) 1708 Lamens St

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date 5/4 1941

19. UNDERTAKER Geo L. Kelson

(Address) 1300 Pennsylvania Ave

MAY 3 1941

20. FILED ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1941 to May 1 1941

I last saw her alive on Apr 29 1941 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Nov. 1940
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. William Fray M. D.

(Address) 1928 Penna. Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 80258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. F 80258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 N. Caroline St.
(c) Hospital or institution: Home
(d) Length of stay in ~~hospital or inst.~~ (yrs., mos., or days) 2years
(e) Length of stay in Baltimore (yrs., mos., or days) abt 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country ----------

3 (a) FULL NAME MILLARD BYERS CALLENDER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. 217-05-9778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Mary Callender
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) June 13, 1889

8. AGE: Years	Months	Days	If less than one day
51	10	19	____ hr. ____ min.

9. Birthplace Towson, Maryland (Town, county, and state)
10. Usual Occupation Funeral Director
11. Industry or business Mortuary

FATHER
12. Name Luther Callender
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Laura Miller
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Margaret M. Callender (wife)
(b) Address 1403 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1941 (month) (day) (year)
(c) Cemetery or crematory GreenMount
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address 108 West North Ave. (W.F. Wooden-smc)

19 (a) (Date rec'd by Reg.) MAY 5 1941 (b) Hunting for Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1941, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to May 2 1941, and that I last saw h alive on May 1st 1941.

Immediate cause of death: Carcinoma Larynx — Duration: 6 mos.
Due to: ----------
Due to: ----------
Other Conditions: Anemia 3rd, Chronic Myocarditis. — 6 mos.
(Include pregnancy within 3 months of death)
Date of operation: ----------
Major findings of operation: ----------
of autopsy: ----------

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----------
(b) Date of occurrence ---------- at ---------- M.
(c) Where did injury occur? ---------- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ---------- (Specify type of place) While at work? ----------
(e) Means of injury ----------

23. Signature Lazenston L. Mowen M.D.
Address 1938 Fenden Rd. Date signed 5-3-41

80259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

F 80259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Eastern ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1020 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Patti

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct 3 1885

8. AGE: Years 55 | Months 6 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Dominick Bruno

13. Birthplace Ital

MOTHER 14. Maiden Name Anna Galaturno

15. Birthplace Ital

16 (a) Informant Charles Patti

(b) Address 1020 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Martin F. G. Keppel

(b) Address 24 S. Carey St

19 (a) MAY 5 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 2 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941, to May 2 1941, and that I last saw her alive on May 2 1941.

Immediate cause of death: Cardiac failure — Duration 4 hrs

Due to Hypertensive Cardio Vascular disease — Duration 3 yrs

Due to Arteriosclerosis — Duration 4 yrs

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. Stone M.D.

Address 3435 Thos. Place Date signed May 3 1941 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 80260 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Harford Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara V. King

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Theodore L. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 - 1859

8. AGE: Years	Months	Days	If less than one day
81	5	1	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Tom Brown
13. Birthplace New York

MOTHER
14. Maiden Name Kate Geigan
15. Birthplace Ohio

16 (a) Informant Mrs Benj. S. Hayden
(b) Address 3114 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas J. Evans & Son Inc.
(b) Address 118 W. Mt. Royal Ave

MAY 8 1941 Huntington Williams M.D.
(Date Rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1941 to May 2 1941 and that I last saw her alive on May 2 1941.

Immediate cause of death Coronary Thrombosis — Duration 7 days
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. S. Hayden M. D.
Address 3114 Harford Road Date signed May 3-41

F 80261

MA 60878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

F 80261 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 E. Lombard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lelia Croswell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1916

8. AGE: Years	Months	Days	If less than one day
24	4	8	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation waitress
11. Industry or business Ann's Tavern

FATHER
12. Name Moses Croswell
13. Birthplace Pa.

MOTHER
14. Maiden Name Lucy Smith
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address Baltimore City Hospital

17 (a) Removal (b) Date thereof 5/3/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Newport News Virginia

18 (a) Funeral director Harry H. Wilkes
(b) Address 401 Edmondson Ave.

MAY 3- 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1941, at 7 60 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1941 to 5-2 1941, and that I last saw her alive on 5-2 1941

Immediate cause of death	Duration
Pulmonary tuberculosis	10 months?
Due to Pulmonary hemorrhage	10 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2-18-41
Major findings of operation: Thoracoplasty
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ehrlert Jr.
Address Baltimore City Hosp. Date signed M. 5-3-41 D.

F 80262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80262

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo's
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Dolfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Sargent

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-8681

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1883

8. AGE: Years	Months	Days	If less than one day
57	9	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Fancy Lady.

11. Industry or business Drug. Co.

FATHER
12. Name George W. Sargent
13. Birthplace Connecticut

MOTHER
14. Maiden Name Mary Dyer
15. Birthplace Baltimore Md

16 (a) Informant Miss Clide Wood.
(b) Address 3705 Dolfield Ave

17 (a) Burial. (Burial, cremation, or removal) **(b) Date thereof** May 5-41 (month) (day) (year)

(c) Cemetery or crematory Wetteru
Location Baltimore Md

18 (a) Funeral director Wm. J. Fickey & Sons
(b) Address North & Pa Aves

19 (a) (Date rec'd by registrar) **(b)** Registrar

MAY 4 - 1941

Hattie Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1941, to May 2 1941, and that I last saw her alive on May 2 1941.

	Duration
Immediate cause of death Septicemia	?
Metastatic abscesses	
Kidneys - Intest & Intercts	
~~Due to~~ of lung -	
Infected mural thrombus	
Due to heart	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Reimann, M.D.

Address North Ave. **Date signed** 5/3/41

Reimann

F 80263 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ho
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs before

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM TOMS

3 (b) If veteran, name war: ho
3 (c) Social Security Account No.: No

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emily Young
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1860

8. AGE: Years 81 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Jefferson County Virginia (Town, county, and State)
10. Usual Occupation Laborer — 3 yrs ago
11. Industry or business Fertilizer factory

FATHER
12. Name William Toms
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha ?
15. Birthplace Virginia

16 (a) Informant Daughter Estelle Toms
(b) Address 1633 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) MAY 6 1941 Huntington Williams Mgr
Date received by Registrar (By Whom)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941 at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — **Duration**

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Major findings:
Of operations ho
Of autopsy ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 5-2-41

F 80264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 80264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto
(b) Street address 613 Archer St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Archer (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Helen Gardner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Maxwell

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Calvert County

8. AGE: Years 56 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Housework

11. Industry or business ✓

FATHER 12. Name Perry Gardner

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Indian

MOTHER 15. Birthplace ✓

16 (a) Informant ✓

(b) Address ✓

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn cemetery

Location

18 (a) Funeral director Elroy E Wilson

(b) Address 1000 Brantly ave

19 (a) (Date rec'd by registrar) MAY 4 – 1941 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 — 1 — 1941, at 1115 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941, to May 1 1941, and that I last saw h alive on 4-30-1941.

Immediate cause of death ..... Duration

Nephritis

Due to ✓

Due to ✓

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James J Carfin M. D.

Address 1016 S. Sharp Date signed 5-2-41

Cheatham

F 80265 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-

(Registered No.) F 80265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 McElderry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Cheatham

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-08-7642

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years: 57 | Months | Days | If less than one day: hr. min.

9. Birthplace Evergreen, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Geo. J. Cheatham
(b) Address 620 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/41 (month) (day) (year)

(c) Cemetery or crematory
Location Evergreen, Va.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) MAY 1941 (Date rec'd by registrar) Wm. for Hodgkins, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Subdural Hematoma. Cerebral edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/13/41 5-2
(c) Where did injury occur? Orleans + Castle (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by motor

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/1/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

80266 F 80266

CERTIFICATE OF DEATH

1. PLACE OF DEATH Wyman Park Apartments — Registered No. ....

CITY OF BALTIMORE: (No. .... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs. Mary Krom Myers — If U. S. Veteran specify WAR ....

(a) Residence: No. Wyman Park Apartments St., ... Ward. .... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Henry Myers

6. DATE OF BIRTH (month, day, year) JAN 2, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
71	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Bellefonte, Pa.

FATHER

13. NAME James W. Krom

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Anna Housiel

16. BIRTHPLACE (city or town) (State or country) Marietta, Pa.

17. INFORMANT Charles H. Myers (Son)
(Address) West Newton, Mass.

18. BURIAL, CREMATION, OR REMOVAL
Place Highland Cem, Towson Date 5-6-41 19

19. UNDERTAKER Wm. J. Dickey & Sons
(Address) North & Pa Aves.

20. FILED .... 19.... Registrar

MAY 1941

Huntington Hollands, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from February, 1935 to May 3, 1941

I last saw her alive on May 3, 1941. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease	1935
Other contributory causes of importance: Associated Uremia	4/26/41

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. Grafton Hergenger M. D.
(Address) 214 Medical Arts Building

INFORMATION should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80267

F 80267

F 80267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941 Registered No. F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Laurens St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1105 Laurens St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Baum

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/29

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business Self

FATHER 12. Name Moses Baum
13. Birthplace Germany

MOTHER 14. Maiden Name Rosalie
15. Birthplace Germany

16 (a) Informant Ida Baum
(b) Address 1105 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore Md

18 (a) Funeral director Sol Levin Inc
(b) Address 1102 E. Baltimore St

19 (a) (Date rec'd by registrar) MAY 5 1941 (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Rheumatic Cardio Vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kelbach M.D. Medical Examiner.
Date signed 5/2/41

F 80268

F 80268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 80268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3651 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL HOLZMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1892

8. AGE: Years 48 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Roland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Self

FATHER 12. Name Stanley H Holzman

13. Birthplace Poland

MOTHER 14. Maiden Name Fannie P

15. Birthplace Poland

16 (a) Informant William Mazer

(b) Address 3651 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rondale

Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W North ave

19 (a) (Date rec'd by registrar) MAY 4 - 1941

(b) Hunting Town, Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 1 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, Cerebral — Duration

Due to Fracture of base of skull

Due to

Other Conditions, No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident (Specify)
(b) Date of occurrence April 30, 1941
(c) Where did injury occur? Wabash Ave, Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Fell to street: 15-11

23. Signature H H L Wallammaker M.D.
Asst Medical Examiner.
Date signed 5-3-41

F 80269

F 80269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80269

Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Edison Highway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Edison Highway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 3

3 (a) FULL NAME KATHERINE M. MISKELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Chester F. Miskelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1883

8. AGE: Years	Months	Days	If less than one day
58	1	24	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home

FATHER
12. Name Edward L Meehan
13. Birthplace Unknown

MOTHER
14. Maiden Name Willie Fore
15. Birthplace Virginia

16 (a) Informant Husband C. F. Miskelly
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair, Rd. Hunting for Williams, M.D.

MAY 1 1941 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier Jr. M.D. Medical Examiner.
Date signed 5-2-41

F 80270 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 80270 1

Registered No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1237 Division St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ....

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1237 Division St. (If rural give location)

(e) Citizen of foreign country? .... (Yes or No) If yes, name country ....

3 (a) FULL NAME Mary A. Gordon

3 (b) If veteran, name war ....

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Solomon

6 (c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) 11-1-1859

8. AGE: Years 81 | Months 6 | Days — | If less than one day .... hr. .... min.

9. Birthplace Onancock Va (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Own home

FATHER 12. Name William Upshur

FATHER 13. Birthplace Onancock Va

MOTHER 14. Maiden Name Ellen Payne

MOTHER 15. Birthplace Onancock Va

16 (a) Informant Mrs. Mamie Lloyd

(b) Address 1237 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mac Lay & Holland

(b) Address 1631 Druid Hill Ave

19 (a) MAY 4 — 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1941 at 11.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1941 to May 1 1941, and that I last saw .... alive on May 1 1941

Immediate cause of death Intestinal Duffing — Duration ?

Due to ....

Due to ....

Other Conditions Chron Nephritis — 7.

(Include pregnancy within 3 months of death)

Date of operation ....

Major findings of operation: —

of autopsy: ....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ....

(b) Date of occurrence .... at .... M

(c) Where did injury occur? .... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? .... (Specify type of place) While at work? ....

(e) Means of injury ....

23. Signature Benj Thomas M.D.

Address 1207 N Carlton Date signed 5/3/41

VS 3

F 80271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Beaumont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Beaumont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William James Childs

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian W. Edel Childs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15th 1864

8. AGE: Years 71 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business 1st National Bank

FATHER 12. Name John Childs

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Mary Brashaw

MOTHER 15. Birthplace Md

16 (a) Informant Lillian Childs

(b) Address 904 Beaumont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5th 1941 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St

19 (a) MAY 4 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1941, to May 2nd 1941, and that I last saw him alive on May 2nd 1941

Immediate cause of death	Duration
Cerebral Hemorrhage	6 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Pearce M. D.

Address 210 Cloak St Date signed May 5/41

F 80272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 80272 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Hiles Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATHERINE HAMILTON

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-03-4902

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lester Hamilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1891

8. AGE: Years 49 | Months 7 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Worker - Silk mill

11. Industry or business

FATHER
12. Name Michael Biles
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Carrie Biles (Ludwig)
15. Birthplace Baltimore Md

16 (a) Informant Mamie Biles
(b) Address Woodlawn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 MAY 4 - 1941 (Date rec'd by registrar) (b) Registrar

VS 6

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 2:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

	Duration
Immediate cause of death: Shock, operative	
Due to: Pneumonectomy	
Due to: Carcinoma of right lung	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: pneumonectomy
Of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmaier M.D.
Attending ~~Medical Examiner~~.

Date signed 5-3-41

F 80273 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a Registered No. F 80273 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE H. HALL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-03-5838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Bessie Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20, 1878

8. AGE: Years	Months	Days	If less than one day
63 62	1	12	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Ship carpenter
11. Industry or business: Eastern Transportation Co

FATHER
12. Name: Unknown
13. Birthplace "

MOTHER
14. Maiden Name: Unknown
15. Birthplace "

16 (a) Informant: Irving H. Hall
(b) Address: 1016 N. Broadway

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 5th 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Woodlawn
Location: " Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 7 - 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cardiac disease
Fibrillation, auricular — Duration: 2 yrs.
Due to
Due to
Other Conditions: No
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-7-41

80274 Geo. B. Sylvert 2802 Harford Road

Dietz

F 80274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 E. 30th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Slicer Dietz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Kate D. Dietz
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Oct 31-1862

8. AGE: Years	Months	Days	If less than one day
78	6	—	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Henry Dietz
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Rebecca Miller
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Alma Dietz Roach
(b) Address 1912 E. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Charles G. Black
(b) Address 742 W. Fourth Ave

19 (a) MAY 4 — 1941 (Date rec'd by registrar) (b) Hunters for Willi... M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1941, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2-1937 to 5-1-1941, and that I last saw him alive on 4-29-1941.

Immediate cause of death Arteriosclerosis
Cardio-renal disease
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylvert M. D.
Address 2802 Harford Ave Date signed 5-2-41

80275 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80275
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Greene St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Greene St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES P. CARROLL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sergeant U.S. Army

FATHER
12. Name John Carroll
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Travis
15. Birthplace Ireland

16 (a) Informant Miss Margaret Carroll
(b) Address 7420 Woodside Ave N.Y.

17 (a) Burial (b) Date thereof May 3rd 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Fredrick Road

18 (a) Funeral director Leo F. Cook
(b) Address 1701-03 N. Path Park Ave

19 (a) MAY 1 – 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 41 at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. J. Wallenmaier M.D.
Medical Examiner.
Date signed May 3 1941

VS 6

F 80276 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1238 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Bell Watts

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Edgar P. Watts
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 14, 1870
8. AGE: Years 70 | Months 6 | Days 18 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Joseph O. Thomas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth A. T
15. Birthplace Baltimore, Md.

16 (a) Informant Edgar P. Watts
(b) Address 1238 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director Frederick A. Cole
(b) Address 1700 W. Lombard
19 (a) 1941 (Date registered) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd, 1941, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1941 to May 2, 1941, and that I last saw her alive on May 2 1941.

Immediate cause of death: Cerebral Embolism — Duration: 2 days
Due to: Coronary Thrombosis — 4 days
Due to:
Other Conditions: Pulmonary Embolism — 2 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Nathan Rosen, M.D.
Address 206 S. Gilmor St. Date signed 5/3/41

F 80277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80277 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 62 S. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 S. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie E. Forsythe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George A. Forsythe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1857

8. AGE: Years 83 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name John Ackerman

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Mary Ziegler

MOTHER 15. Birthplace Germany

16 (a) Informant George A. Forsythe

(b) Address 276 S. Monastery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (month) (day) (year)

(c) Cemetery or crematory [illegible]

Location [illegible]

18 (a) Funeral director [illegible]

(b) Address [illegible]

19 (a) MAY 7 (Date rec'd by registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1941, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938 to May 2 1941, and that I last saw her alive on May 2 1941.

Immediate cause of death	Duration
Hypertensive Cardio Vas. Disease	3 yrs
Due to	
Due to	
Other Conditions Chronic Nephritis	3 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard S. Collins M. D.

Address 1847 N. North Ave. Date signed 5/4/41

F 80278 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-80278 !

95-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1618 Eutaw Place~~

(c) Hospital or institution: Maryland General Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 min.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1618 Eutaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Octavia T[illegible]

6 (c) If alive, give age

7. Birthplace of deceased (mo., day, yr.) Dec. 2[illegible]

8. AGE: Years	Months	Days	If less than one day
54	4	8	hr. min.

9. Birthplace Balto (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Charles Taylor

13. Birthplace Balto Md.

MOTHER 14. Maiden Name unknown

15. Birthplace Balto

16 (a) Informant Octavia Taylor

(b) Address 1618 W Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (month) (day) (year)

(c) Cemetery or crematory Leaders Ridge

Location Westminster Blvd

18 (a) Funeral director Frederick P Cole

(b) Address 1200 W Lombard

MAY 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

11

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 2 1941, and that I last saw him alive on May 2 1941.

Immediate cause of death Acute pulmonary edema — Duration

Due to Congestive heart failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. V. Rolman

Address Md General Hosp Date signed 5/2/41 (M. D.)

F 80279 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-D

F 80279 !

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 11 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1466 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hagan (23703)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1873

8. AGE: Years	Months	Days	If less than one day
67	9	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Micheal Hagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catharina Cavanaugh
15. Birthplace Ireland

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Lot 8 Sec 7

18 (a) Funeral director Fahey Bros
(b) Address 1218 Light St

MAY 4 1941 (b) Registrar
(Date rec'd by Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1941, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1937, to Apr. 24 1941, and that I last saw him alive on Apr. 24 1941

Immediate cause of death Pulmonary tuberculosis — Duration 9 yrs

Due to

Due to

Other Conditions Hypertension Cardiovascular Renal — 3
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-2-41

F 80280 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-A

F 80280

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 N Chas Henry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME GEORGE JENNINGS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary J Jennings

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1858

8. AGE: Years	Months	Days	If less than one day
83	3	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joshuay Jennings
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md

16 (a) Informant Mr Geo E Jennings
(b) Address 1612 N Washington St

17 (a) Burial (b) Date thereof 5/5/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem.
Location E North Ave end

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins Street

19 (a) 1941 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1941, at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said do find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration

Due to Fracture of right femur —

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 11, 1941
(c) Where did injury occur? Edmondson
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury fell to floor of home

23. Signature H E Wellenmeier M.D.
for Medical Examiner.

Date signed 5-3-41

F 80281 ✓ F 80281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30G

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. West Main Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Clinton Cooper ✓

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-16-2758

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irma Cooper
6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): 1885

8. AGE: Years 55 Months Days If less than one day ___ hr. ___ min.

9. Birthplace: Westminster, Maryland (Town, county, and state)

10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Pious Cooper
13. Birthplace: Westminster, Md.

MOTHER
14. Maiden Name: Rose Saunders
15. Birthplace: Westminster, Md.

16 (a) Informant: Clinton Cooper (Above)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6, 1941 (month) (day) (year)
(c) Cemetery or crematory: Ellsworth Cem.
Location: Nr. Westminster, Md.

18 (a) Funeral director: H. Bankard & Son
(b) Address: Westminster, Md.

19 (a) (Date rec'd by registrar) Huntington Williams, Registrar
MAY 8 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1941, at 2 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26/41 19 to 5/3/41 19 and that I last saw h[illegible] alive on 5/3/41 19

Immediate cause of death: Acute & Chronic Alcoholism
Due to: Acute Lead Poisoning
Due to: Encephalomalacia
Due to: Left Hemiplegia
Due to: Tertiary Syphilis
Other Conditions: Secondary Anaemia
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
Date of autopsy: 5/3/41

Duration: Hrs. " " " "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Emerson G. Gladhill
Address: Marine Hospital Date signed: 5/4/41

F 80282 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 80282 !

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: U. S. Marine Hospital

(d) Length of stay in hospital or inst. (~~years~~, ~~months~~ or days) 19

(e) Length of stay in Baltimore (~~years~~, ~~months~~ or days) 19

2. USUAL RESIDENCE OF DECEASED:

(a) State Va. (b) County

(c) City or town Reedville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Fleet Booth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eliza Morrison

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 15, 1878

8. AGE: Years 62 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace Northumberland Co., Va. (Town, county, and state)

10. Usual Occupation Captain

11. Industry or business Merchant Shipping

FATHER

12. Name Milton Booth

13. Birthplace Northumberland Co. Va.

MOTHER

14. Maiden Name Elizabeth Owens

15. Birthplace Northumberland Co., Va.

16 (a) Informant Deceased

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-4-41 (month) (day) (year)

(c) Cemetery or crematory Reedville

Location Virginia

18 (a) Funeral director J. W. Butler & Son

(b) Address Lebanon Va

19 (a) (Date received by registrar) (b) [illegible] Northumberland Co. Va.

MAY 4 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 12-50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1941, to 5/4 1941, and that I last saw him alive on 5/4 1941.

Immediate cause of death: Pulmonary Carcinoma Complicating Carcinoma of Prostate — Duration: 1 yr?

Due to

Due to

Other Conditions Metastatic Carcinoma of Pelvis + Spine — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation 4/23/41

Major findings of operation: Carcinoma of prostate

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Clarence B. Mayes M. D.

Address U. S. Marine Hospt. Date signed 5/4/41

F 80283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a

F 80283

JN 65637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1891

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore C H Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

MAY 5 - 1941 (Date rec'd by Registrar) (b) Huntingtown, Calvert Co. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1941, to 5-2 1941, and that I last saw h[illegible] alive on 5-2 1941

Immediate cause of death	Duration
Uremia	3 Days
Due to Arteriolar nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no stone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Backhaus M. D.
Address Balto. City Hosp. Date signed 5-3-41

80284 !

Dr. M Adams

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80284 !

Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles J. Lane, Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Marie W. Lane
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15-1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	3	16		

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Clerk
11. Industry or business U. S. P. O.

FATHER
12. Name Charles J. Lane
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Boyd.
15. Birthplace S. C.

16 (a) Informant Mary W. Lane, wife
(b) Address 1507 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave.

19 (a) MAY 5 — 1941 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12, 1941, to May 1 1941, and that I last saw h[illegible] alive on May 1, 1941.

Immediate cause of death: Cardio-Renal Lesions — Duration: 6 Mo

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin Adams M. D.
Address 312 E 23rd St. Date signed 5-3-41

F 80285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80285

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland

(c) Hospital or institution:

Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) Life time If foreign born, how long in U. S. A.? ..... years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3919 Maine Ave. (If rural give location)

3 (a) FULL NAME Henry E. Hamburger

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-3753

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 10 1873

8. AGE: Years	Months	Days	If less than one day
67	7	25	4 hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Plant Supt. Chem.

11. Industry or business Mfgr.

FATHER 12. Name Emanuel Hamburger,

13. Birthplace Germany

MOTHER 14. Maiden Name Rachel Heilner

15. Birthplace Germany.

16 (a) Informant Mr. M. Field

(b) Address 702 S. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Harris Levine & Son

(b) Address 190 S. Eutaw Place

MAY 5 — 1941 (Date rec'd by Registrar) (b) Huntingdon, Williamsport, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941, to May 4 1941, and that I last saw h alive on May 4 1941.

Immediate cause of death	Duration
Preperatory Paracepis	5 min
Due to Cerebral Hemorrhage	60 hr
Due to Arteriosclerosis Cardiovascular Disease	
Other Conditions Varicose	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature J. Ellis Levy

Address Sinai Hospital Date signed 5/6/41

VS 3

F 80286 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 80286 1

Registered No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1537-N. Patterson Park Av.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537-N. Patterson Pk. Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Zachariah H. Foote

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	M.	W.	Married

6 (b) Name of husband or wife Annie M. (Burkhardt)
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 7/9/1864

8. AGE: Years	Months	Days	If less than one day
76	9	24	- hr. - min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired - Balto. City
11. Industry or business Fire Dept.

FATHER
12. Name John P. Foote
13. Birthplace England.

MOTHER
14. Maiden Name Sarah A. Goldrick.
15. Birthplace Ireland.

16 (a) Informant John P. Foote
(b) Address 1537-N. Patterson Pk. Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery.
Location Bath av + Lakewood

18 (a) Funeral director Wm. C. Williams
(b) Address Charlestown, Md.

19 (a) .... (Date received by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19.. to May 3 1941, and that I last saw him alive on May 3 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Hypertensive Cardio Renal disease — 5 yrs.
Due to Arteriosclerosis — 7
Other Conditions ....
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ....
(e) Means of injury ....

23. Signature Leonard Bayley M. D.
Address Shealey Ave Balto Date signed May 5/41

VS 3

F 80287 ! F 80287 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Kenyon Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 75 0 21
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Kenyon Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret S. Bishop

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles A. Raycob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1866

8. AGE: Years 75 | Months 0 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Niedermueller
15. Birthplace Germany

16 (a) Informant Mr. Milton Bishop
(b) Address 3200 Kenyon Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-7-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave & Rose St.

18 (a) Funeral director Albert Pitts Jr.
(b) Address 1606 N. Chester Street

19 (a) (Date received by Registrar) MAY 5 1941 **(b)** Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 19 41 to 5/3 1941, and that I last saw her alive on May 3 1941.

Immediate cause of death Pulmonary edema — **Duration** 5/3/41

Due to Arteriosclerosis

Due to Hypostasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4331 Harford Rd **Date signed** 5/5/41 M.D.

Please write plainly, with ONE ENTRY ONLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80288

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or institution: Church Home + Inf

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County - - -

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1421 N. Broadway

(If rural give location)

(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME Louise Gilroy (LOUISE MARYANNE GILROY)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John W. Gilroy

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept 15 1877

8. AGE: Years 63 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name William Rath

13. Birthplace Germany

MOTHER 14. Maiden Name Regina Davis

15. Birthplace Germany

16 (a) Informant Wm R Gilroy (son)

(b) Address 1421 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1941 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location Baltimore Md. Henry Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway.

19 (a) MAY 5 1941 (Date received by Registrar) (b) Hunter Tuff Miller, M.D. (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1.1941 19 3.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-41 19 , to 5-1 1941.

and that I last saw her alive on 4-30 1941.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to:

Due to:

Other Conditions: Diabetes Mellitus Essential Hypertension.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Tuff Miller

Address Church Home + Infirmary Date signed 5/1/41 M. D.

F 80289 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-N

Registered No. F 80289 !

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2470 Shirley Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2470 Shirley Avenue. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William G. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabella E. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1-1865

8. AGE: Years	Months	Days	If less than one day
75	6	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Self

FATHER
12. Name John Young
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Y. Ratcliffe
(b) Address 2470 Shirley Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7th 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Ticjner & Sons.
(b) Address Baltimore, Md.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MAY 5 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941, to May 3 1941, and that I last saw him alive on May 3 1941.

Immediate cause of death	Duration
Pneumonia - hypostatic	one week
Due to Cancer of Larynx. (Carcinoma)	6 mo.
Due to	
Other Conditions Malnutrition Anemia, secondary (Include pregnancy within 3 months of death)	1 year

Date of operation Jan 20, 1941
Major findings of operation: Cancer of Larynx (Carcinoma)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Lyman Whittle M. D.
Address 1229 N. Calvert St. Date signed

F80290

MA 64937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E F80290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mons.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Belair Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Morrow

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1881

8. AGE: Years	Months	Days	If less than one day
59	11	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Dennis
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Pierson
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Mark F. E. Dysard
(b) Address 7110 Belair Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.
MAY 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1941, at 8 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1941, to 5-4 1941, and that I last saw h[illegible] alive on 5-4 1941.

Immediate cause of death Lymphosarcoma - left inguinal region & metastases — Duration 2 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney S. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-5-41

PLEASE WRITE PLAINLY, with ONE ENTRY ON A LINE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M F 80291 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) L/S

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAYNARD LEROY HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4270

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret A Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7th 1909

8. AGE: Years	Months	Days	If less than one day
31	4	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Air Plane factor

FATHER
12. Name Wm H Harris
13. Birthplace Md

MOTHER
14. Maiden Name Hettie Hammond
15. Birthplace [illegible]

16 (a) Informant Margaret A Harris
(b) Address 3730 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36 St

19 (a) (Date rec'd by registrar) (b)

MAY 8 - 1941 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death
Carbon monoxide poisoning
Due to Struck by auto.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [illegible]
(b) Date of occurrence May 3, 1941
(c) Where did injury occur? Garage 3633 Edmondson Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature W. L. Schneider Asst Medical Examiner M.D.
Date signed 5-3-41

F 80292 1/2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 159

F 80292 1/2

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1/4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 1/4 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparks Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Sparks Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joan Anne Whyte (Birth F 27448)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: AA | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1/41

8. AGE: Years | Months | Days | If less than one day: 10 hr. 15 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None (Newborn)

11. Industry or business

FATHER 12. Name James Edward Whyte

13. Birthplace Sparks Md

MOTHER 14. Maiden Name Pearl Emmaleun Jackson

15. Birthplace Bentky Springs Md

16 (a) Informant Pearl E. Whyte

(b) Address Sparks Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Kept for Anatomical purposes

18 (a) Funeral director

(b) Address

19 MAY 5 — 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 — 1 — 1941, at 6 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 a.m. 5-1-41 19..., to 6 35 p.m. 5-1-1941, and that I last saw her alive on 5 - 1 - 1941.

Immediate cause of death: Congenital Atelectasis — Duration: 10 1/4 hrs

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.

Address Provident Hospital Date signed 5/2/41

VS 3

(Over)

F 80293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 80293 !
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 N. Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Yohs

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/26/1869

8. AGE: Years	Months	Days	If less than one day
72	1	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman, retired
11. Industry or business

FATHER
12. Name Herman Yohs
13. Birthplace Germany

MOTHER
14. Maiden Name ~~Herman Yohs~~ Mary Moehlen
15. Birthplace Germany

16 (a) Informant Mary Yohs
(b) Address 819 N. Madeira St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 6/41 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway

19 (a) 5-1-941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 4½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, Left femur. Operation. Wound Infection — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/8/41
(c) Where did injury occur? 819 N. Madeira St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury: Fell down steps in back yard

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/5/41

VS 6

80294 , HEALTH DEPARTMENT—CITY OF BALTIMORE 80294

CERTIFICATE OF DEATH

92-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Gilmor St. 151 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Mulligan

(a) Residence: No. 1601 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamen Mulligan

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Rozier

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kate Rice

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daisy Gray
(Address) 1601 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/5 19 41

19. UNDERTAKER Geo. H. Kelson
(Address) 1303 Pressstman St

20. FILED MAY 5 1941 19 Registrar

Hardie by Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 19 41

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 19 41 to May 2 19 41

I last saw her alive on May 1 19 41 Death is said to have occurred on the date stated above, 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	19 40
Other contributory causes of importance: Broken Compensation	2/1 41

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William Gray M. D.

(Address) 1908 Penna Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 80295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80295 Registered No. 45e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3240 Auchentoroly Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3240 Auchentoroly Ter.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Edward Wolf

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced W.

6 (b) Name of husband or wife Mary E. Wolf
6 (c) If widow, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1869

8. AGE: Years 71 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Retired Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Louis R. Wolf
13. Birthplace Md

MOTHER 14. Maiden Name Jane Burgoyne
15. Birthplace Md

16 (a) Informant L. E. Wolf
(b) Address 3240 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)

(c) Cemetery or crematory Loraine
Location

18 (a) Funeral director Chas. H. Pogue & Son Inc
(b) Address 118 W. Mt Royal Ave

19 (a) [illegible] (Date rec'd by registrar) (b) Hunting Ter Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3- 1941, at 10 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1941, to 5-3 1941, and that I last saw h[illegible] alive on 5-3 1941

Immediate cause of death	Duration
Carcinoma floor of mouth	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. L. Ewald Jr. M.D.
Address 36 York Court Date signed 5/4/41

VS 3

F 80296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80296 ✓96 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Lewis St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Trenshaw

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Edward C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1891

8. AGE: Years	Months	Days	If less than one day
50	2	23	hr. min.

9. Birthplace Charlottsburg, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Cornelius Wood
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah Wood
15. Birthplace Va.

16 (a) Informant Nannie Jordan
(b) Address 717 S. Lang St. Arlington

17 (a) (Burial, cremation, or removal) (b) Date thereof May 5 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. g. Jones

18 (a) Funeral director Adolphus Hofstetter
(b) Address 918 Druid Hill Ave.

MAY 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 8:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Rupture of dissecting aneurysm of aorta
Due to Hypertrophy of left ventricle.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/29/41

VS 6

F 80297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80297 Registered No. 930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 Read St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Littleton Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Vienna Md. (Town, county, and state)

10. Usual Occupation Old age Pension

11. Industry or business

FATHER
12. Name Joseph Stewart
13. Birthplace Md.

MOTHER
14. Maiden Name Julia T.
15. Birthplace Ma

16 (a) Informant Joshua Brown
(b) Address 555 W. Hoffman St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 5-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A-A County Road

18 (a) Funeral director Adolphus Hobbs
(b) Address 917 Druid Hill Ave

19 (a) (b) Waiting for Physician

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1941 at 8:38 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1941, to 5-2 1941, and that I last saw him alive on 5-2 1941.

	Duration
Immediate cause of death: Myocarditis Pulmonary Embolism Bilateral	
Due to: Thrombophlebitis Rt. femoral Vein	
Due to:	
Other Conditions: Hypertension C V Disease (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
Date of autopsy: Diagnosis - Autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Brantley M. D.
Address Universal Hospt Date signed 5-3-41

F 80298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

F 80298

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3202 Ferndale Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3202 Ferndale Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elizabeth Kapfer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John T. Kapfer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1850

8. AGE: Years	Months	Days	If less than one day
90 91	7 8	29	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name John Belchner

13. Birthplace Ger

MOTHER

14. Maiden Name

15. Birthplace Ger

16 (a) Informant Margaret Kapfer

(b) Address 3202 Ferndale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41
(month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Mrs Mary A. Gauthrop

(b) Address 2839 Raphael Ave.

19 (a) MAY 5 - 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to May 2 1941 and that I last saw her alive on May 2 1941.

Immediate cause of death

Uremia Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?

(e) Means of injury

23. Signature Peter A. Hatem M. D.

Address 1219 Eutaw Place Date signed 5/5/41

F 80299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Amity St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Young

3 (b) If veteran, name war

3 (c) Social Security Account No. No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 15-1895

8. AGE: Years 45 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Ice Business

FATHER 12. Name George Young
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Emma Vineyard
15. Birthplace Balto Md.

16 (a) Informant Bath. Belt
(b) Address 3613 Copley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-41 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Old Frederick Rd

18 (a) Funeral director John A. McLean
(b) Address 800 E. Baltimore St.

MAY 5 — 1941

19 (a) (Date rec'd by registrar) (b) Huntington Nitkauitz M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Arteriosclerotic Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Kelbach M.D.
Medical Examiner.
Date signed 5/2/41

VS 6

F 80300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

F 80300 Registered No.

Correct name, address, and other information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 Rhelmyflen
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

137

3 (a) FULL NAME Andrew S. Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5213

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife May A. Griffith

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired, Stationary Fireman

11. Industry or business American Seeds.

FATHER
12. Name John Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Isabella Smith
15. Birthplace Md.

16 (a) Informant May A. Griffith
(b) Address 3629 Rhelmyflen

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/41 (month) (day) (year)

(c) Cemetery or crematory Loraine
Location

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Rhelmyflen

19 (a) MAY 5 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1941, to May 4 1941, and that I last saw h.i.m alive on May 2 1941.

Immediate cause of death Carcinoma of the lung & metastasis

Due to to the malignancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald J. Roop M. D.
Address Date signed

VS 8

F 80301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 80301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 ½ d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3657 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Mrs. Cecil G. Broyles~~ Viola V. Broyles.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Cecil G. Broyles.
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1913

8. AGE: Years	Months	Days	If less than one day
28	3	13	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Albert F. Benner
13. Birthplace New Jersey.

MOTHER
14. Maiden Name Julia A. Hedrick.
15. Birthplace Md

16 (a) Informant Cecil G. Broyles.
(b) Address 3657 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chamberlain & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) MAY 5 1941 (Date filed by registrar) Thurlington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 2:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 3 1941, and that I last saw her alive on May 3 1941.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Paroxysmal Tachycardia	2 wks.
Due to ?	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Memorial Hosp. Date signed 5/3/41.

VS 3

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89

F 80302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4516 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice F. Little Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-4163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 20 1919

8. AGE: Years	Months	Days	If less than one day
21	5	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER
12. Name Maurice F. Little Sr.
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary E. Stultz
15. Birthplace Md.

16 (a) Informant Maurice F. Little Sr.
(b) Address 4516 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Eichhorn & Sonneborn
(b) Address 3615-17 Gladstone Ave

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar) MAY 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1941, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 3 1941 and that I last saw h[illegible] alive on May 3 1941.

Immediate cause of death: Acute Peritonitis — Duration 6 days

Due to Chronic ulcerative colitis

Due to Chronic ulcers rectum

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chronic ulcerative colitis with perforation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald J. Roop M. D.
Address Mercy Hospital Date signed 5-9-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 80303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Beech Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Beech Ave. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Perry L. Gorsuch.

3 (b) If veteran, name war	3 (c) Social Security Account No.
X	X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Widower.

6 (b) Name of husband or wife Ida M. Gorsuch.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1862

8. AGE: Years	Months	Days	If less than one day
78	9	29	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation Loom Fixer.
11. Industry or business Cotton Mills.

FATHER
12. Name George W. Gorsuch.
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Mary Gosnell.
15. Birthplace ?

16 (a) Informant Laura J. Kelly.
(b) Address 3402 Beech Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May, 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant.
Location Carroll Co., Md.

18 (a) Funeral director Cherowith & Donovan.
(b) Address 3615-17 Chestnut Ave.

19 (a) MAY 5 - 1941 (Date filed by registrar) Clinton Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1941. at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1941. to May 4 1941 and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death Chronic Lapsitis, chronic Endocarditis, Arterio-sclerosis. — Duration 5 yrs.

Due to Bronchio-Pneumonia. — 2 wks.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 3402 Beech Ave. Date signed 5/5/41.

F 80304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 80304

Registered No.

JN 64850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1213 Winchester St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-5119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1899

8. AGE: Years	Months	Days	If less than one day
41	7	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER — 12. Name Daniel Floyd (Stepfather)

13. Birthplace Maryland

MOTHER — 14. Maiden Name Nettie Gross

15. Birthplace Maryland

16 (a) Informant B. C. H. records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-1941 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore City

18 (a) Funeral director Joseph A. Lively

(b) Address 1400 Mount St. Baltimore, Md. Huntington Printing Co.

19 (a) MAY 5 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1941, at 6:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1941 to 5-3 1941, and that I last saw h er alive on 5-3 1941.

Immediate cause of death: Carcinoma of the stomach

Due to: carcinomatosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration: ½ yrs.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney P. Hilbert Jr. M. D.

Address Baltimore City Hosp. Date signed 5-3-41

VS 3

80305 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 80305 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 E Pratt St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS TURNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Per H. A. Moore

(b) Address

19 MAY 5 - 1941 (b) Registrar (Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL MAY 5 - 1941
Commissioner of Health

Huntington Williams M.D.

6458

VS 6

MEDICAL CERTIFICATION 20

20. DATE OF DEATH April 26 1941, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to arteriosclerosis

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed 4-27-41

F 80306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80306 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Younge Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS CLARK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 70 | Months | Days | If less than one day hr min

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAY 5 - 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Livingston Williams, M.D.

19 (Date received by registrar) MAY 5 1941

Registered No. 16459

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 8 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 1 week

Due to.

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Walkenshaw M.D. Medical Examiner

Date signed 4-26-41

F 80307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

✓ F 80307

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Ulman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Ulman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannye Singer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5448

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 15, 1898

8. AGE: Years	Months	Days	If less than one day
42	6	19	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation

11. Industry or business Fur Buyer

FATHER
12. Name Louis Singer
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Lauterman
15. Birthplace Poland

16 (a) Informant Minnie Singer
(b) Address 2812 Ulman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/41 (month) (day) (year)
(c) Cemetery or crematory Levy Chapel Cemetery
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) 1941 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to May 4 1941, and that I last saw h alive on May 4 1941.

Immediate cause of death: carcinoma of breast — Duration: 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify typical place)
(e) Means of injury

23. Signature Howard Williams M.D.

Address 1720 Eutaw Pl. Date signed 5/4/41

VS 3

F 80308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 80308 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 W Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. ~~Married~~ Widowed

6 (b) Name of husband or wife Robert Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years: about 47 | Months | Days | If less than one day: hr. min.

9. Birthplace Essex Co Va
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Essex Co Va

MOTHER
14. Maiden Name Nannie Howard
15. Birthplace Essex Co Va

16 (a) Informant Annie Robinson (daughter)
(b) Address 1423 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mr Kato R. Williams
(b) Address 822 N. Schroeder St

19 (a) MAY 5 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1941 to May 3 1941. and that I last saw h alive on May 3 1941.

Immediate cause of death Central Intestinal Obstruction — Duration 8 days

Due to Large Sclerotic uterus with intestinal adhesions.

Due to

Other Conditions Syphilitic chorio retinitis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L Young M. D.
Address 1429 E Monument Date signed 5/4/41

VS 3

F 80309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80309 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 322 N Stricker St
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laurie Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem. | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife James Scott

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Charles Simon

13. Birthplace Md

MOTHER 14. Maiden Name Mary Ellen Scott

15. Birthplace Md

16 (a) Informant Charlotte Cornish

(b) Address 529 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 5 - 1941 Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1941 to May 1 1941 and that I last saw h[illegible] alive on Apr 30 1941.

Immediate cause of death Cancer Carcinoma

Duration: one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Hamilton

Address [illegible] Date signed 5/5/41

F 80310 ✓ F 80310

cc 65606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No. 5[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2133 Pennsylvania Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1423

3 (a) FULL NAME William Avon Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1305

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ida Janet Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1892

8. AGE: Years	Months	Days	If less than one day
48	8	21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Teamster

11. Industry or business

FATHER

12. Name Tilman Davis (d)

13. Birthplace Md.

MOTHER

14. Maiden Name Elizabeth Johnson

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1941 (month) (day) (year)

(c) Cemetery or crematory Int. Auburn Cem. Co.

Location Govans Md.

18 (a) Funeral director George T. A. Gibson Sr

(b) Address 1735 Druid Hill Ave

MAY 5 - 1941 (Date rec'd by Registrar) (b) Transiting for Hillsboro Pennsylvania

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 5-4 1941, and that I last saw h alive on 5-4 1941.

Immediate cause of death

Bronchopneumonia

Due to Syphilitic heart disease

Due to

Other Conditions Chronic gastritis atrophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
4 days
4 days
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard A. Kelly M. D.

Address Balto. City Hosp. Date signed 5-4-41

VS 3

80311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80311

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 839 Hamilton Terrace
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Smith (62971)

3 (b) If veteran, name war

3 (c) Social Security Account No. 155-12-8636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1900

8. AGE: Years	Months	Days	If less than one day
41	3	16	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Owen Smith

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Riley

15. Birthplace Ireland

16 (a) Informant Hospital records

(b) Address

17 (a) Buried (b) Date thereof 5/5/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location Gunpowder Dell Rt Balto Co Md

18 (a) Funeral director Joshua J. Fahey Funeral Home

(b) Address 1941 N. Fulton Ave.

19 MAY 5 - 1941 (b) Fred Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1941, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1941, to Apr. 29 1941, and that I last saw him alive on Apr. 29 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 yrs.?
Due to	
Due to	
Other Conditions: Diabetes (Include pregnancy within 3 months of death)	8 yrs.

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Robert Lee Graham M. D.

Address Baltimore City Hospitals Date signed 5/1

VS 3

F 80312

BALTIMORE CITY HEALTH DEPARTMENT

cc 59688

CERTIFICATE OF DEATH

47-a

F 80312

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bartholemew Joyce

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1860

8. AGE: Years	Months	Days	If less than one day
81 ? 80	?	?	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Higgin
15. Birthplace Ireland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41 (month) (day) (year)
(c) Cemetery or crematory Locust Point
Location Hillen Rd Balto Co. Md

18 (a) Funeral director John J. Fahey & Son
(b) Address 1310 Light St

19 (a) May 5 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1941, to 4-30 1941, and that I last saw him alive on 4-30 1941.

Immediate cause of death	Duration
Carcinoma of Larynx - metastases	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney A. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-2-41

F 80313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 80313

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Jefferson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Dembeck (Birth F 27499)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1941

8. AGE: Years | Months | Days: 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business New born

FATHER
12. Name William Paul Dembeck
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lillian Zuklaitis
15. Birthplace Baltimore, Maryland

16 (a) Informant Lillian Dembeck
(b) Address 2031 Jefferson St, Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 5 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Martin F. Kappel
(b) Address 322 S. Conkling St

19 (a) MAY 6 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1941, at 1:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1941 to May 5, 1941, and that I last saw him alive on May 5, 1941.

Immediate cause of death: Premature infant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.
Address Sinai Hospital Date signed 5/4/41

80314 3955 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 80314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S Regester (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Cieslewicz (CHASE)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-3720

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-90

8. AGE: Years	Months	Days	If less than one day
51	2	10	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Glaser

11. Industry or business

FATHER
12. Name Casmir Cieslewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Sobus
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1941 (month) (day) (year)
(c) Cemetery or crematory St Hedwigs
Location Mt Carmel Road

18 (a) Funeral director M. F. Sobkowski & Sons
(b) Address 1808 Eastern Ave

19 MAY 5 1941 (b) Huntington Williams M.D.
Date received by Registrar (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 11 1941, to MAY 4 1941, and that I last saw him alive on MAY 4 1941.

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive cardio vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Kierney M. D.
Address Johns Hopkins Hosp. Date signed 5-4-41

80315 F 65306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 80315 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 E. Hoffman Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elaine Cavanaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1940

8. AGE: Years	Months	Days	If less than one day
1	3		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward
13. Birthplace Baltimore

MOTHER 14. Maiden Name Ethel Peterson
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W. Dennis
(b) Address 440 E North Ave

MAY 5 — 1941 (Date rec'd by Registrar) (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 11 50/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941, to 5-3 1941, and that I last saw her alive on 5-3 1941.

Immediate cause of death Tuberculous meningitis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Kaltman M. D.
Address Balto. City Hosp. Date signed 5-3-41

F 80316 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-D

F 80316 !
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving M. German

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	m.

6 (b) Name of husband or wife Amelia German
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar - 3 - 1881

8. AGE: Years	Months	Days	If less than one day
60	2	1	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Jonathan Germany
13. Birthplace Balto

MOTHER
14. Maiden Name Mollie R Callender
15. Birthplace Balto

16 (a) Informant Amelia German
(b) Address 1808 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 7 - 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto md

18 (a) Funeral director Albert W. Bergey
(b) Address 440 E north Ave

19 (a) MAY 5 - 1941 (Date rec'd by registrar) (b) Huntingdon Williamsport, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 6 A.M. (about)

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23, 1941 to May 4 1941. and that I last saw him alive on May 3 1941.

Immediate cause of death: Granular heart lesion — Duration: Since Nov 23/40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reginald J. Young M.D.
Address 2144 E. North Ave Date signed May 5/41

VS 3

F 80317 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. E 80317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 283 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Tridone 57523

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1923

8. AGE: Years	Months	Days	If less than one day
17	6	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John
13. Birthplace Italy

MOTHER
14. Maiden Name Marie Castello
15. Birthplace Italy

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Albert W. Berger
(b) Address 440 E. North Ave

19 (a) MAY 5 - 1941 (Date rec'd by registrar) (b) Huntington Hill

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1941, at 7:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19, 1940, to May 3 1941, and that I last saw her alive on May 3 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis, far advanced (Miliary)	2 yrs 9
Due to	18 or 19 Mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-3-41

F 80318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80318

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 Harvey St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Harvey St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Frank H. Howard

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Catherine Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4,1856

8. AGE: Years 84 | Months 11 | Days 0 | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant George A. Howard, Sr.
(b) Address 711 Harvey St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7,1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director S. Howard Strong
(b) Address 715 Light St.,

19 (a) Date received May 5 1941 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1941, at 7.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/ 1941 to 5/4/ 1941, and that I last saw him alive on 5/3/41 1941.

Immediate cause of death: Hypertensive cardio vascular disease — Duration: ?

Due to: —

Due to: —

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 5/5/41

VS 8

Please write plainly. Physicians: please write the causes of death clearly and legibly. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor and subject to a fine of not more than $100 or imprisonment for not more than 6 months, or both. Any person who wilfully conceals information relating to the cause of death or who wilfully supplies false information intending that the same be used in the preparation of such certificate, shall be guilty of a misdemeanor and subject to a fine of not more than $100 or imprisonment for not more than 6 months, or both. The correct age is especially important.

F 80319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. E 80319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 E. Cross St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1872

8. AGE: Years	Months	Days	If less than one day
68	4	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Isaac Dixon
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Rogers
15. Birthplace Md.

16 (a) Informant Mrs. Emma Dixon
(b) Address 409 E. Cross St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 MAY 5 1941 (Date rec'd by Registrar) Huntington Willis, Registrar

MEDICAL CERTIFICATION 11.10

20. DATE OF DEATH May 3, 1941, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to May 3 1941, and that I last saw him alive on May 3 1941.

Immediate cause of death — Duration
Cirrhosis of Liver — Indef.
Due to Glomerulonephritis
Due to Chronic Nephritis
Other Conditions Exhaustion — 24 hr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Campbell
Address 1646 W. Lanvale St. Date signed 5/6/41

VS 3

Please write plainly; with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 80320 Registered No. 79

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Cherry st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Cherry st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK KOSAR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Antonia Sovatek
6 (c) If alive, give address

7. Birth date of deceased (mo., day, yr.) June 17, 1865

8. AGE: Years	Months	Days	If less than one day
71	10	15	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Kosar
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Wife
(b) Address 1522 Cherry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anapolis Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) MAY 5 - 1941 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1941, at 11 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions ho
(Include pregnancy within 3 months of death)

Major findings:
Of operations ho
Of autopsy ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-3-41

80321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-H

Registered No. F 80321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 Pinewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Pinewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian M. Kisner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15-1875

8. AGE: Years	Months	Days	If less than one day
65	4	20	hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business at Home

FATHER
12. Name Alfred H. Kisner
13. Birthplace Pa

MOTHER
14. Maiden Name Elizabeth Bower
15. Birthplace Pa

16 (a) Informant Alma V. Bonnett
(b) Address 2929 Connecticut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-41 (month) (day) (year)
(c) Cemetery or crematory Orangeville Pa
Location

18 (a) Funeral director Leonard D. Hanks
(b) Address 5305 Maryland Ave

(c) Filed (Date rec'd) MAY 5 1941 (Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1941, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1940 to May 4 1941. and that I last saw h alive on 5/4 1941.

Immediate cause of death

Due to Carcinoma of Sigmoid Colon

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 1-40

Major findings of operation: Confirmed Carcinoma of Sigmoid

Duration
11½ yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances L. Bayly M. D.

Address 6077 Hayford Ave Date signed 5/5/41

F 80322

39165-8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 B

F 80322 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Snyder
(If outside city or town limits, write RURAL and give town)
(d) Street No. 176 Mt Vernon Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertram Goldstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-20

8. AGE: Years	Months	Days	If less than one day
21	-	2	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Irving Goldstein
13. Birthplace N. Y.

MOTHER 14. Maiden Name Leona Weyman
15. Birthplace N. Y.

16 (a) Informant Parents
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof May 7 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Buffalo N. Y.

18 (a) Funeral director John A. Pickett & Son
(b) Address 69 Delaware Place

19 MAY 5 1941 (b) Huntington Wills, Baltimore, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to May 5 1941, and that I last saw him alive on May 5 1941.

Immediate cause of death Myocardial Failure — Duration

Due to Infection

Due to Ulcerative colitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-18-41

Major findings of operation: Ulcerative Colitis

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M. D.
Address Johns Hopkins Hospital Date signed May 5 1941

VS 3

F 80323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-C Registered No.

F 80323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2713 Chesterfield Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Hughes

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Charles E. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th 1896

8. AGE: Years	Months	Days	If less than one day
45	0	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Phillip Mooney
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Alice Zeidler
(b) Address 2713 Chesterfield Ave

17 (a) Burial (b) Date thereof 5-7-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) MAY 6 - 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to May 3 1941, and that I last saw h~~e~~r alive on May 3 1941.

Immediate cause of death	Duration
Cerebral Embolism	3 Days
Due to Rheumatic Endocarditis	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George J Bayley M. D.
Address 1 E Eager St Date signed May 5/41

F 80324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80324 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Chesterfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Hamilton

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
No	220-07-7474	Male	White	Married

6 (b) Name of ~~husband or~~ wife Minnie Hamilton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6th 1868

8. AGE: Years	Months	Days	If less than one day
72	8	29	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Repairman
11. Industry or business Leather Goods

FATHER
12. Name John Hamilton
13. Birthplace Ireland

MOTHER
14. Maiden Name Talitha Stevenson
15. Birthplace Balto Md.

16 (a) Informant Minnie Hamilton
(b) Address 3110 Chesterfield Ave

17 (a) Burial (b) Date thereof 5/8/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 MAY 6 - 1941 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1941 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 8 1941. and that I last saw him alive on May 4th 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis	
Due to Hypertension	
Other Conditions Chronic Myocarditis	
Asthma.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive Date signed 5-5-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80325

F 80325

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Sylvan St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Christina Schleppey

If U. S. Veteran specify WAR ...

(a) Residence: No. 2918 Sylvan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George J Schleppey

6. DATE OF BIRTH (month, day, year) Sept. 10 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Meester

14. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) ...

17. INFORMANT George J Schleppey (Husband)

(Address) 2918 Sylvan

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Western Date May 7th 19 41

19. UNDERTAKER William Cook

(Address) 117 St. Paul St

FILED MAY 8 1941 Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 19 41

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 19 40 to May 4, 19 41

I last saw her alive on May 4, 19 41. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	8 Mos
Carcinoma Liver	8 Mos
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I A Stiens, M. D.

(Address) 2878 Hartford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

F 80326

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edward & Greene Hos.

(c) Hospital or institution University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 3708 Frederick ave. (If rural give location)

Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph F Klein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose A Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7-1893.

8. AGE: Years	Months	Days	If less than one day
47	7	28	16 hr. 1 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Owner-Distributor

11. Industry or business Deep Pump Systems

FATHER 12. Name Roland Klein

13. Birthplace Germany

MOTHER 14. Maiden Name Hufnagel

15. Birthplace Germany

16 (a) Informant Mrs. Rose A Klein

(b) Address 3708 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director C. F. Shipley & Son

(b) Address 1600 Eutaw Place

19 (a) MAY 6 — 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3-41 19 . at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1941 to 5-3 1941 and that I last saw him alive on 5-3 1941

Immediate cause of death	Duration
(a) Acute Cardiac decompensation	5 days
Due to (b) R pneumonia & Cardiovascular disease	20 yrs.
Due to (c) Anemia	
Other Conditions Bilateral Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis M Laughlen M. D.

Address University Hosp. Date signed 5-4-41

F 80327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 80327
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3223 Normount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Entire~~
(e) Length of stay in Baltimore (yrs., mos., or days) Entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Normount Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME OCTAVIA BOWEN

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John E. Bowen
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) March 15, 1860

8. AGE: Years	Months	Days	If less than one day
81.	1	20	---hr.---min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Nicholas Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Wilson
15. Birthplace Maryland

16 (a) Informant Clifton R. Bowen
(b) Address 3223 Normount Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Ebenizer Cemetery
Location

18 (a) Funeral director J. E. Triplett
(b) Address 1300 EUTAW PLACE

19 (a) (Date rec'd by registrar) **(b)** Huntington Mitchell, M.D.

MAY 6 - 1941
VSQ

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2 1940, to 5/5 1941 and that I last saw her alive on 5/5 1941.

Immediate cause of death	Duration
Cerebral Hemmorhage	1 hr
Due to arterio Sclerosis	
Due to	
Other Conditions Myocardial degeneration	3 day

(Include pregnancy within 3 months of death)
Date of operation ~~NH~~
Major findings of operation: ~~NH~~
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~~NH~~
(b) Date of occurrence ~~NH~~ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~NH~~ While at work?
(Specify type of place)
(e) Means of injury ~~NH~~
23. Signature Dan Miller M.D.
Address Broadway & Oliver **Date signed** 5/5/41

Dr. Dan. Miller

F 80328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80328 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 8days
(e) Length of stay in Baltimore (yrs., mos., or days): 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pennsylvania (b) County:
(c) City or town: Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No.: 211 Walnut St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Julius Dennis Dzieszulski

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 182-18-3264

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Whie	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 7, 1906

8. AGE: Years	Months	Days	If less than one day
34 35	2 8	23	hr. min.

9. Birthplace: Chicago, Illinois (Town, county, and state)
10. Usual Occupation: AB Seaman
11. Industry or business:

FATHER
12. Name: Michael Dzieszulski
13. Birthplace: Posen, Poland.

MOTHER
14. Maiden Name: Dora
15. Birthplace: Posen, Poland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6-41 (month) (day) (year)
(c) Cemetery or crematory: St mary's
Location: Hamden

18 (a) Funeral director: a Riley Slade
(b) Address: 4907 York Road.

MAY 6 - 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30, 1941, at 4:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22, 1941 to April 30 1941 and that I last saw him alive on April 30, 1941

Immediate cause of death: Pulmonary tuberculosis with cavitation — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature]

Address: US Marine Hospital Date signed: 5/3/41 M. D.
Baltimore, Md.

F 80329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Park avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES O. HARRISON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4, 1874

8. AGE: Years	Months	Days	If less than one day
67	3	29	hr. min.

9. Birthplace Talbot County, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John H. T. Harrison
13. Birthplace Talbot Co., Maryland

MOTHER
14. Maiden Name Susan C. McQuade
15. Birthplace Talbot Co., Maryland

16 (a) Informant Mrs. Mary E. Harrison
(b) Address 512 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Mem. Park
Location Elkridge, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 6 1941 (Date Rec'd by Registrar) (b) Huntington Ave. Baltimore Md. Embalmer

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1941, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1938 to May 3 1941, and that I last saw h... alive on May 3 41.

Immediate cause of death: Coronary Occlusion — Duration: 3 Hrs

Due to: Coronary Sclerosis — 3 Yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. E. Moore M. D.
Address 516 Cathedral St. Date signed 5-6-41

F 80330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 80330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Durham st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Durham st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes A. Vincente

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edw. P. Vincente

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 62-1879

8. AGE: Years 62 | Months 0 | Days 29 | If less than one day 24 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Ammel
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edw. P. Vincente
(b) Address 111 N. Durham st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 41 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore

18 (a) Funeral director Philip Heurich Sons
(b) Address 2024 Orleans st

MAY 6 – 1941 (Date rec'd by registrar) (By) for McCauley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Long 1940 to May 4 1941, and that I last saw h alive on May 3 1941.

Immediate cause of death Carcinoma of Pelvis — Duration 1 yr

Due to General Malaise — 1 wk

Due to Toxic absorption

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Lent

Address 2580 E Baltimore Date signed 5/7/41

VS 2

F 80331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 80331
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2875 Phila. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 E. Lombard st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Petrone
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife Ella Petrone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 - 1860

8. AGE: Years 81 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business retired

FATHER
12. Name Petrone
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr. Joseph L. Petrone
(b) Address 2875 Phila. Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
18 (a) Funeral director Philip H. Gruszkos
(b) Address 2024 Orleans st.

MAY 6 - 1941 (Date rec'd by registrar) Interrogator Maryland, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941 at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1941 to May 4 1941 and that I last saw him alive on May 4th 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 1 week
Due to Arteriosclerosis (Degenerative)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Sanfilippo M. D.
Address 119 N. Milton ave Date signed 5/6/41

VS 3

395867

F 80332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Fremont (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-35

8. AGE: Years	Months	Days	If less than one day
6	1	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Watkins
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Md.

16 (a) Informant JOHNS HOPKINS HOSPITAL Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 142 W Fifth St

19 MAY 6 1941 (b) Baltimore Md
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 4 1941. and that I last saw her alive on May 4 1941.

Immediate cause of death Pneumonia, Septicemia, Peritonitis, Pericarditis. — Duration: 6 days.
Due to Primary pneumonia — Duration: over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson G. Gruber M.D.
Address Johns Hopkins Hosp signed 5/14/41

F 80333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

F 80333 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Gilmore Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 17

3 (a) FULL NAME Samuel Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
32	3/		hr. min.

9. Birthplace Owings Mills, Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Henry Cook
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Mason
15. Birthplace Virginia

16 (a) Informant Henry Cook
(b) Address 1566 North Fremont Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolph Mustakestos
(b) Address 918 Druid Hill Ave.

19 MAY 6 - 1941 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-1941, at 8:35 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry), find that said deceased came to his death on the day stated above.

Immediate cause of death Epilepsy — **Duration**

Due to

Due to

Other Conditions Status Thymicolymphaticus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5/3/41

F 80334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 80334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Bench alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Bench alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAWRENCE WARREN

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5812

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D. C. (Town, County, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Wm. H. Warren
13. Birthplace Essex County, Virginia

MOTHER
14. Maiden Name Louisa
15. Birthplace Washington, D.C.

16 (a) Informant Louis Warren
(b) Address 918 Little Pine Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) (b) Hunter Tod Williams, M.D. Registrar

MAY 6 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 41, at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: 2 days

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operation No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Williams M.D. Medical Examiner.

Date signed 5-3-41

F 80335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 80335

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3519 O'Donell st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Appel

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	seperated

6 (b) Name of husband or wife Ann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1904

8. AGE: Years	Months	Days	If less than one day
37	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation BAKER
11. Industry or business Self

FATHER
12. Name Louis
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schaub
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Baltimore City Hospital

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

MAY 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 5-4 1941, and that I last saw h alive on 5-4 1941.

Immediate cause of death
B strep: septicemia — ? days
Uremia — 2 days
Due to Pneumonia? — ?
Acute bacterial endocarditis — ?
Due to Rheumatic heart disease — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-5-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80336 / 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 S. REGESTER ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas E Beck

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216 07 7432

4. Sex: M

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FLORENCE T. BECK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 15 1874

8. AGE: Years 66 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RETIRED BOILER FIREMAN.

11. Industry or business

FATHER
12. Name JOHN J. BECK
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name CECELIA KRUG
15. Birthplace BALTO. MD.

16 (a) Informant FLORENCE T. BECK (WIFE)
(b) Address 321 S. REGESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 7/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zucker C.N.C.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAY 8 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1941, to May 4 1941, and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death
Lobar Bronchopneumonia
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 wks.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas D Koppelman M. D.
Address So Balto Gen'l Hosp Date signed 5-7-41

F 80337

F 80337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. –

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lt. John J Steck
3 (b) If veteran, name of war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nina D Steck
6 (c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): May 6 1884
8. AGE: Years: 61 Months: 11 Days: 22 Under 1 day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Physician MD
11. Industry or business: Retired Physician

FATHER
12. Name: John Conrad Steck
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katharine Bauer
15. Birthplace: Germany

16 (a) Informant: Mrs John J Steck
(b) Address: 3626 Greenmount Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-7-41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem
Location: Baltimore

18 (a) Funeral director: Geo W Schilling
(b) Address: 3624 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1941, at 2:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to May 4 1941, and that I last saw him alive on May 4 1941.

	Duration
Immediate cause of death: Coronary Thrombosis	18 hours
Due to: Arteriosclerotic Heart Disease	3 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel Wolman per Sol Smith
Address: 1213 E. North Ave Date signed: 5/5/41

F 80338

80338 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 McDonagh St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lillian N Eddison

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 McDonagh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Eddison

6. DATE OF BIRTH (month, day, year): Mar 22-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Washington DC

FATHER

13. NAME: William Hill

14. BIRTHPLACE (city or town) (State or country): Wash D C

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: John Eddison
(Address) 130 August St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date 5/7/ 1941

19. UNDERTAKER: Elroy D Wilson
(Address) 1000 Brookley Ave

FILED MAY 8 — 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941 to May 4, 1941.

I last saw h.. alive on May 4, 1941. Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Lobar	May 1 1941

Other contributory causes of importance: .....

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) J. J. Allen M. D.

(Address) 150 August St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

80339 Med Exam Case Acct Rm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80339

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1913

8. AGE: Years	Months	Days	If less than one day
27	4	28	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Harry Brown
13. Birthplace ?

MOTHER
14. Maiden Name Nora ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 8 (day) 41 (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Elroy D Wilson
(b) Address 1000 Bryant Lay Ave

19 MAY 8 1941 (Date rec'd by Reg.) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 12.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1941, to 5-5 1941, and that I last saw her alive on 5-5 1941.

Immediate cause of death	Duration
Pulmonary hemorrhage	
Due to Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 5-5-41

F 80340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80340

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 522 Laurens Sheet

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 522 Laurens Sheet
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

14 3

3 (a) FULL NAME Theresa Hoy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A.A	Widow

6 (b) Name of husband or wife Samuel Hoy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/ /1873

8. AGE: Years	Months	Days	If less than one day
68 68	—	—	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Home

FATHER
12. Name Jacob Reynolds
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Georgiana Johnson
15. Birthplace Balto Md

16 (a) Informant Elsner Johnson
(b) Address 522 Laurens Sheet

17 (a) Burial (b) Date thereof 5/7/1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Charles H. Burkett
(b) Address 528 Laurens st

MAY 6 — 1941
(Date rec'd by Registrar) (b) Huntingtown Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1941, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1940, to 5/4 1941, and that I last saw h[illegible] alive on 5/4 1941.

Immediate cause of death	Duration
a Myocarditis	Unknown
Due to Valvulitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Carsen C. Johnson

Address 1802 Penna Ave Date signed 5/5/41

F 80341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80341 Registered No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Gaha
(c) Hospital or institution Hospital for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2638 Maryland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Eva B Smith

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-16-1882

8. AGE: Years 58 | Months 7 | Days 18 | If less than one day ? hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Solomon E. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Bryan
15. Birthplace Maryland

16 (a) Informant Harry C. Berry (Brother-in-Law)
(b) Address 263 Md. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-6-41 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director STEWART E. HOWEN COMPANY
(b) Address (W. F. Howen, Asst.) 105 W. Monument St.

19 (a) (Signature of local registrar) (b) Registrar

MAY 6 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1941, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1941, to 5/4 1941, and that I last saw her alive on 5/4 1941.

Immediate cause of death Encysted Carcinomatosis — Duration 1 yr

Due to Carcinoma of Breast

Due to

Other Conditions Pleural effusion

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howell Y. Stout M. D.

Address Date signed

F 80342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

141-F

F 80342 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 Gwynn Falls Parkway (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME MABEL C. BRESNAHAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband ~~or wife~~: Thos J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 2 1907
8. AGE: Years 33 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Julius Schultz
13. Birthplace Unknown

MOTHER
14. Maiden Name Mamie Wilson
15. Birthplace Virginia

16 (a) Informant Thomas J. Bresnahan
(b) Address 3326 Gwynn Falls Pkwy

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-6-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Blacksburg Va
Location "

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Huntington for Williams, M.D.

MAY 6 - 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Paralytic ileus

Due to Vomiting, Cancer undetermined

Due to Criminal abortion (history & findings)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-5-41

F 80343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80343

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Thomas Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Thomas Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha M. Freeny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife William P. Freeny

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1879

8. AGE: Years 61 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Kane, Pa. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Charles L.
13. Birthplace Pa.

MOTHER
14. Maiden Name Theodosia Mell
15. Birthplace Pa.

16 (a) Informant William P. Freeny
(b) Address 1817 Thomas Avenue, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Catonsville Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 6 1941

Registrar Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-41 1941, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941 to May 5 1941 and that I last saw h alive on Apr 28 1941

Immediate cause of death Coronary Occlusion of Duration

Due to Great vessel due to Pericardial effusion

Due to Stomach ulcer, supervening Confined to bed 1 week

Due to Liver, diabetes, negative

Due to Toxemia of pregnancy

Other Conditions Potentiation of hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Refused

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E Legge M. D.

Address 701 Cathedral St. Date signed

F 80344

F 80344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 42 S. Decker Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42 S. Decker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Ann Weitzel.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles F. Weitzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28-1870

8. AGE: Years	Months	Days	If less than one day
71	-	7 6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Greenville
13. Birthplace Not Known

MOTHER
14. Maiden Name Harriet Davis
15. Birthplace Not Known

16 (a) Informant Minnie McCord
(b) Address 42 S. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O Donnell St.

18 (a) Funeral director John E. Moffett
(b) Address 1334 Jefferson St.

19 (a) 5-8-1941 (Date) rec'd by Registrar (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941 to May 1941 and that I last saw h e alive on May 2 1941.

Immediate cause of death	Duration
Myocardial Degeneration	4 weeks
Due to Cerebral Hemorrhage	2 mos
Due to arteriosclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clayton W. LeBrun M.D.
Address 681 S. Ellwood Ave. Date signed 5/6/41

80345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80345
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Aliceanna Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geraldine Zang

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-15, 1941

8. AGE: Years	Months	Days	If less than one day
	3 mo.	20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER | FATHER
12. Name Edward Zang Jr
13. Birthplace Baltimore, Md
14. Maiden Name Thelma Sahurter
15. Birthplace Baltimore, Md

16 (a) Informant Edward Zang Jr
(b) Address 1618 Aliceanna St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Pk
Location Glen Burnie, Md

18 (a) Funeral director Leonard O. Covington
(b) Address 21 W. 25th St.

19 (Date received by registrar) MAY 8 1941 (b) [illegible] Registrar

VS Form 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1941, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Status Thymicolymphaticus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner
Date signed 5-5-41

F 80346 2

F 80346 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1233 Division St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie S. Hutchins

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harold A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1890

8. AGE: Years 51 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace

MOTHER 14. Maiden Name

MOTHER 15. Birthplace Unknown

16 (a) Informant Harold Hutchins

(b) Address 1233 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-41 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park

Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. F. Holland

(b) Address 1631 Druid Hill Ave

MAY 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1941, to May 4 1941, and that I last saw h alive on May 4 1941.

Immediate cause of death: Diabetic acidosis — Duration

Due to: Diabetes mellitus

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Josephs Hosp Date signed 5-7-41

F 80347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 80347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delia [redacted] Root

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29-1901

8. AGE: Years 40 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Robinson
(b) Address 322 N. Pines Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-41 (month) (day) (year)
(c) Cemetery or [illegible] Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

MAY 6 — 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1941, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 4-30 1941, and that I last saw h[illegible] alive on 4-30 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension ?	?
Due to:	
Other Conditions: Rt. hemiplegia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Mussenden M. D.
Address President Hospital Date signed 4-30-41

80348

BALTIMORE CITY HEALTH DEPARTMENT

cc 59822

CERTIFICATE OF DEATH

13-B

F 80348

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1822 Aliceanna St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Balcerowicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6213

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1909

8. AGE: Years	Months	Days	If less than one day
31	7	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed (Feder)

11. Industry or business National Canning Co.

FATHER

12. Name Dan

13. Birthplace Poland

MOTHER

14. Maiden Name Sophia ?

15. Birthplace Poland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location German Hill Road

18 (a) Funeral director Stephen J. Balkowski

(b) Address 1000 S. Glenwood Ave

19 (a) [illegible] (Registered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1941, at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1940 to 5-4 1941, and that I last saw h[illegible] alive on 5-4 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis.	?
Due to Tuberculosis lumbo-sacral region & Spine	1 yr.
Due to Miliary tuberculosis.	2 mo. ?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney L. Gechter Jr. M. D.

Address Baltimore City Hosp. Date signed 5-7-41

80349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80349

Registered No.

JN 65336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1906 Lauretta Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ademy

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-1251

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 2-10-1899

8. AGE: Years	Months	Days	If less than one day
42	2	25 24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation waiter

11. Industry or business

FATHER

12. Name John

13. Birthplace Maryland

MOTHER

14. Maiden Name Louise Parter

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-1941 (month) (day) (year)

(c) Cemetery or crematory Clear Spring Md.

Location Maryland.

18 (a) Funeral director Wm Brooks

(b) Address 1463 N. Carey St.

19 (a) Date rec'd by registrar (b) Registrar Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 1 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1941, to 5-4 1941, and that I last saw h alive on 5-4 1941.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Malignant nephrosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Arteriolar nephrosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Carleton M. D.

Address Balto. City Hosp. Date signed 5-5-41

F 80350 cc 65503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

F 80350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hodgers

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2959

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1885

8. AGE: Years	Months	Days	If less than one day
56	1	8	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business ?

FATHER
12. Name John Hodgers
13. Birthplace Va.

MOTHER
14. Maiden Name Cora ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 5-6-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Pressman St.

19 (a) MAY 6 1941 (Date rec'd by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1941, to May 4 1941, and that I last saw h/M. alive on May 4 1941.

Immediate cause of death	Duration
Sulphremia Abscess	7
Due to Organism unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Sulphremia Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 5-6-41

Irene Newton

80351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 80351

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2321 madison

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balt (b) County

(c) City or town md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2321 madison

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Irene Newton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1884

8. AGE: Years	Months	Days	If less than one day
56	7	-	hr. min.

9. Birthplace West Va

(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name John Curry

13. Birthplace west va

MOTHER

14. Maiden Name Emma ?

15. Birthplace west va

16 (a) Informant Mrs Lillie Newton

(b) Address 2321 madison ave

17 (a) Burial (b) Date thereof 5-7-41

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore

18 (a) Funeral director Mrs Frances A Hennessy

(b) Address 578 N Biddle St

19 (a) (Date received) (Registrar) Huntington Williams M.D.

MAY 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 6 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to May 1941, and that I last saw h.m alive on May 3 1941.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive cardio

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 823 N Fremont Ave Date signed 5-5-41

F 80352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 80352 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N Pine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-3536

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1905

8. AGE: Years	Months	Days	If less than one day
35	5	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Matthews
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hannie Brown
15. Birthplace Md

16 (a) Informant Marie Matthews
(b) Address 645 W Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah L Brownlow
(b) Address 648 W Montgomery St

19 (a) MAY 8 1941 (Date received by registrar) (b) Huntington Hillman Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5·7·41 19 , at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4·28·41 19 , to 5·4 19 41, and that I last saw him alive on 5·4·41 19 41.

Immediate cause of death Pneumococcic Meningitis Type VIII — Duration

Due to Pneumonia Lower Lobes Bilateral

Due to

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Hospital St. Luke

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address University Hospital Date signed 5·7·41

80353 3678157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a

Registered No. E 80353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Banes, Cuba (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Marr

6 (b) Name of husband or wife Victoria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-00

8. AGE: Years	Months	Days	If less than one day
41	1	16	hr. min.

9. Birthplace Mass (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Thomas Nelson
13. Birthplace Sweden

MOTHER
14. Maiden Name Ingrid Haltman
15. Birthplace Sweden

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1941 (month) (day) (year)
(c) Cemetery or crematory Greenhill Cemetery
Location Baltimore Md.

18 (a) Funeral director Harry A. Simmons
(b) Address 4702 Bedford Ave

19 (d) MAY 6 - 1941 (Date rec'd by registrar) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 26 1941, to MAY 5 1941, and that I last saw him alive on MAY 5 1941

Immediate cause of death	Duration
Chronic Myeloid Leukemia	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Sugarwald
Address Johns Hopkins Hospital Date signed 5/6/41

VS 8

80354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha West.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Thomas West
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 5 1864
8. AGE: Years 56 Months 6 Days 28 If less than one day hr. min.
9. Birthplace Hanover Co. Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Own home

FATHER
12. Name James Curtis
13. Birthplace Va.

MOTHER
14. Maiden Name Susan Gross
15. Birthplace Va

16 (a) Informant Lottie West.
(b) Address 1131 Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Gloucester
Location Va.
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St
19 (a) MAY 8 – 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 – 7 – 1941, at 10:15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 – 1941, to 5 – 7 – 1941, and that I last saw her alive on 5 – 3 – 1941.

Immediate cause of death	Duration
Myocarditis	Long time
Due to Long time	
Due to	
Other Conditions Enteritis	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank Abernethy M. D.
Address 1029 N Stricker St Date signed 5-6-41

V8 3

F 80355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 B

F 80355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4110 EDMONDSON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 GUILFORD AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS ANAH ROBERTHA OURSLER

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife Late SAMUEL STEPHEN OURSLER

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) OCTOBER 26, 1870

8. AGE: Years 70 71 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name MR WRIGHT
13. Birthplace ENGLAND

MOTHER
14. Maiden Name HENRIETTA BURTON
15. Birthplace ENGLAND

16 (a) Informant MRS ELSIE NICHOLS (DAUGHTER)
(b) Address 4110 EDMONDSON AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date of [illegible] May 8/41. (month) (day) (year)

(c) Cemetery or crematory Sandy Mount
Location Finksburg, Carroll Co. Md

18 (a) Funeral director Harry F. Nitzke
(b) Address 401 Edmondson ave

19 (a) [illegible] (b)

MAY 8 1941 Registrar Huntington Woods, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 5 1941, at 11.27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 10 1941, to MAY 5 1941, and that I last saw her alive on APRIL 30 1941.

Immediate cause of death MYOCARDIAL FAILURE — Duration 1 WEEK

Due to GEN ARTERIOSCLEROTIC C.V. DISEASE — 2 YEARS
CEREBRAL THROMBOSIS — 4 MONTHS

Due to

Other Conditions HYPERTENSION
MITRAL INSUFFICIENCY
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M.D.
Address 2400 W. FULTON AVE Date signed 5/5/41

F 80356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-D

Registered No. E 80356

PLEASE WRITE PLAINLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Riverside Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Riverside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann F. McNamee

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-8656

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4th, 1900

8. AGE: Years	Months	Days	If less than one day
40	11	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER
12. Name John W. McNamee
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Maria F. Reynolds
15. Birthplace Ireland

16 (a) Informant Mrs. Maria McNamee
(b) Address 1413 Riverside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light Street

19 (a) MAY 6 1941 (Date received by registrar) (b) Beatrice [illegible] Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 5 1941, and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death	Duration
Amyotrophic Sclerosis	
Due to	
Due to	
Other Conditions Pulmonary edema, Myocardial degeneration (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schwenck M. D.
Address 1337 S. Charles St. Date signed 5/6/41

F 80357 Grave #6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B

F 80357
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 S Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME: Lillian Gatten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 6 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. S. Moore

19 (a) MAY 6 1941 (b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 , at 6 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Carcinoma of tongue — Duration: 1940
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Kelpius M.D.
Medical Examiner.
Date signed 7/24/41

F 80358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 80358

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1360 Andre Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1360 Andre Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Roesler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~xxxx~~ August Roesler
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 15, 1865

8. AGE: Years	Months	Days	If less than one day
76	1	20	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Majewski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Poland

16 (a) Informant Mr. August Roesler (Husband)
(b) Address 1360 Andre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Conkling st

19 MAY 6 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 5th 1941, at 2, P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16/ 1941 to 5/5/ 1941, and that I last saw her alive on 5/4/ 1941.

Immediate cause of death	Duration
General and cerebral arterio sclerosis; chronic aortic	?
Due to regurgitation.	
Due to	
Other Conditions Chronic bronchitis bronchial asthma.	2 mos 10 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Levitsel M.D.
Address 1226 Hanover St. Date signed 5/6/41

VS 3

80359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 80359

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 South Port Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 South Port St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Pilachowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 3rd 1900

8. AGE: Years	Months	Days	If less than one day
40	6	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Michael Cosgrove
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Howard
15. Birthplace Baltimore, Md.

16 (a) Informant Edward J. Pilachowski (Son)
(b) Address 804 South Port Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Baltimore, Md.

18 (a) Funeral director Geaga A Weber
(b) Address 705 South Am Street

19 (a) MAY 6 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, 6.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940, to May 5 1941, and that I last saw h[illegible] alive on May 5 1941.

Immediate cause of death
Uraemia — Duration 2 days
Due to Malignancy & Hypertension Chr. Nephritis — Duration 7 ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil Lengyel M.D.
*Address 2002 E. Fayette St Date signed 5/5/41

*Registrar

89360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Information must be given for all items.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital Acc. Room
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 East St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 6 (day) 41 (year)
(c) Cemetery or crematory Mt. Calvary Protestant Cem
Location U. R. County Md

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave

19 MAY 6 1941 (Date received by Local Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1941, at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1941, to May 1st 1941, and that I last saw her alive on May 1st 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr
Due to: Hypertension, arteriosclerotic cardiovas. disease	?
Due to	
Other Conditions: Multiple Fibromyomata of uterus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Vollmer M. D.
Address Mercy Hosp Date signed 5-1-41

5

80361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. E 80361

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 S Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1705 S Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E Nash

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4483

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Lola L. Nash
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 14, 1881

8. AGE: Years	Months	Days	If less than one day
60		21	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Oyster Packing

FATHER
12. Name Charles M. Nash
13. Birthplace Balto Md

MOTHER
14. Maiden Name Charlotte Elizabeth Crispen
15. Birthplace Germany

16 (a) Informant Lola L Nash (Wife)
(b) Address 1705 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Old Bound Branch

18 (a) Funeral director Geo W Ellis & Co
(b) Address 1400 W Baltimore St

19 (a) Filed May 6 1941 (b) Registrar Huntington Wilkerson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to May 5 1941 and that I last saw h[illegible] alive on May 5 1941.

Immediate cause of death
Acute Cardio-Vascular Decompensation
Due to Contusion of Lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 days
7-8 mos.
From history

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Douglas M. D.
Address 1000 E Fayette St Date signed May 6 1941

80362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 80362 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1d
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Byrd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Eaves

3 (b) If veteran, name war

3 (c) Social Security Account No. Married

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: 13-10-8442

6 (b) Name of husband or wife: Hazel H. Eaves

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1904

8. AGE: Years 37 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Cleaner

11. Industry or business Amoco Oil Co

FATHER
12. Name William F. Eaves
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Adele Clemens
15. Birthplace Frederick Co Md

16 (a) Informant Hazel H Eaves
(b) Address 1712 Byrd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Balto National Cem
Location Balto Md

18 (a) Funeral director A. Howard Evans
(b) Address 1600 N Charles St

19 (a) MAY 6 1941 (registrar) (b) Huntington Williams Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1941 to 5-5 1941, and that I last saw him alive on 5-5 1941.

Immediate cause of death: Cong. failure — Duration

Due to Carcinoma lung — 6 mos

Due to Metastatic carcinoma of brain

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-24-41 4-4-41

Major findings of operation: Carcinoma of brain

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pearce Marcellus M. D.
Address University Hosp Date signed 5-7-41

80363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 80363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Spaulding Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Spaulding Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leda M. Hewson

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1865

8. AGE: Years 75 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Hewson
13. Birthplace Ireland

MOTHER
14. Maiden Name Hanora Cullinan
15. Birthplace Ireland

16 (a) Informant Miss. Mary Leda Hewson,
(b) Address 3613 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location Sykesville, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

MAY 6 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th, 1941, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to May 5 1941, and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death — Duration
Arterio Sclerosis — unknown
Due to
Due to
Other Conditions Senility — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Emory M. D.
Address 4936 Park Heights Date signed 5/5/41

80364 Eng. Sy. Pub. H. P. Co.—1000 Bks.

F 80364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80364

CERTIFICATE OF DEATH.

131-a

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3623 Springdale Ave St. 15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta Mary Bollman

(a) RESIDENCE. No. 3623 Springdale Ave St. 15 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 - 1881

7 AGE 60 Years 3 Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John W. Bollman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore. Md

12 MAIDEN NAME OF MOTHER: Mary De Margin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: M. Hermes. Bollman

(Address): 3623 Springdale Ave

15 Filed MAY 6 - 1941 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 19 41

17 I HEREBY CERTIFY, That I attended deceased from August 1930 to May 6 1941

that I last saw her alive on May 5 1941

and that death occurred, on the date stated above, at 8.40 A.m.

The CAUSE OF DEATH* was as follows:

Cardio renal vascular disease

& hypertension

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardiitis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) Clarke L. Warner M. D.

19 (Address) 3312 Egerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 5/8 1941

20 UNDERTAKER: LeVernon Lemmon

ADDRESS: 4611 Park Heights

80365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 80365

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5801 Merville Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5801 Merville Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Ditto Parkhill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Edward Parkhill
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 9, 1896

8. AGE: Years	Months	Days	If less than one day
45	1	26	hr. min.

9. Birthplace Dry Run, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Harry S. Ditto
13. Birthplace Md.

MOTHER
14. Maiden Name Myrtle E. Hollinger
15. Birthplace Mercersburg, Pa.

16 (a) Informant Edward Parkhill
(b) Address 5801 Merville Avenue, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Church
Location Clear Spring, Maryland

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

MAY 8 — 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1941 at 10.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to 5/4 1941, and that I last saw h[illegible] alive on 5/4 1941.

Immediate cause of death	Duration
Dineal Carcinomatosis	?,
Due to Carcinoma Gallst. with Metastasis to spine	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1939
Major findings of operation: Carcinoma Gallst
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack R. Morgan M. D.
Address 6 E. Read St. Date signed 5/7/41

80366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80366 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5503 South Bend Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5503 South Bend Rd (If rural give location)
27-15
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAURICE E. BARRETT

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Mary
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/18/65

8. AGE: Years 76 | Months 3 | Days 4 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired 15 yrs

11. Industry or business Packing industry

FATHER
12. Name Luke Z. Barrett
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Isabella McClanlon
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Mary J. Barrett
(b) Address 5503 South Bend Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Maryland.

18 (a) Funeral director A W Mears and Son
(b) Address 805 North Calvert Street

MAY 8 - 1941

19 (a) Filed by (Registrar) Huntington Williams M.D. (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 9 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease. — Duration: 1 mo.
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 5-6-41

VS 6

80367 27160 BONHAM + ✓ F 80367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACONSED:
(a) State Md. (b) County Harford
(c) City or town Fallston (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Bessie ~~Spencer~~ Bonham ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife Mr. Kermit Bonham
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug 28 1908

8. AGE: Years	Months	Days	If less than one day
32	8	23	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Brooks
13. Birthplace North Carolina

MOTHER
14. Maiden Name Laura Caudell
15. Birthplace North Carolina

16 (a) Informant Mr. Kermit Bonham
(b) Address Fallston Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 9 1941 (month) (day) (year)
(c) Cemetery or crematory Baptist View Cem
Location Harford Co., Md.

18 (a) Funeral director H. S. Bailey
(b) Address Harlington, Md.

19 MAY 8 1941 (b) Date received by registrar Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 8 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941 to May 6 1941, and that I last saw her alive on May 6 1941.

Immediate cause of death
Acute Myocarditis — Duration 5 days
Due to
Due to Toxemia
Other Conditions Normal Spontaneous delivery after preclampsia 19 days before death
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Acute Myocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 5/5/41

80368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 80368

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 E. Twenty Second St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 E. 22 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George P. Delauney

3 (b) If veteran, name war *****

3 (c) Social Security Account No. None *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Clay E. Delauney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1864.

8. AGE: Years	Months	Days	If less than one day
76	9	9	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Division Manager
11. Industry or business Standard Brands Inc.

FATHER
12. Name Charles M. Delauney
13. Birthplace France

MOTHER
14. Maiden Name Rose A. Wills
15. Birthplace Baltimore Md.

16 (a) Informant Geo. P. Delauney Jr.
(b) Address 709 E. 22 ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 MAY 6 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 5-40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1937 to May 6 1941, and that I last saw him alive on May 5 1941.

	Duration
Immediate cause of death: Pyelonephritis since	Jan'y 1941
Due to Benign prostatic hypertrophy-symptoms	1939
Due to	
Other Conditions Arteriosclerotic heart disease symptoms (Include pregnancy within 3 months of death)	1937

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed May 6 41

80369
3948 77

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

F 80369 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 W. Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Denmark

3 (a) FULL NAME George Swingus Rev. Victor E. Denham
3 (b) If veteran, name war
3 (c) Social Security Account No. 277-16-8458

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Irene
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-12-84
8. AGE: Years 57 | Months 3 | Days 23 | If less than one day hr. min.
9. Birthplace Detroit (Town, county, and state)
10. Usual Occupation Actor
11. Industry or business
FATHER 12. Name Charles Swingus
13. Birthplace Mich.
MOTHER 14. Maiden Name Jennie Lawson
15. Birthplace Mich.
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/41 (month) (day) (year)
(c) Cemetery or crematory Detroit
Location Michigan
18 (a) Funeral director Geo. M. Fridt Son
(b) Address 511 N. Howard St.
19 MAY 6 - [illegible] Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 725 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1941 to May 5 1941 and that I last saw him alive on May 5 1941.

Immediate cause of death	Duration
Carcinoma of head of pancreas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Ca. of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. A. Turner M. D.
Address J. H. H. Date signed 5-5-41

F 80370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-D ✓ Registered No. F 80370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Pacific St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Gardner.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Portia Gardner 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1872

8. AGE: Years	Months	Days	If less than one day
69	2	25	hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. W. H. Gardner
(b) Address 1225 Dillwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Greenmount & Monument Ave

18 (a) Funeral director J. H. Williams 1715-17 Chestnut Ave
(b) Address

19 MAY 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/ 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1941, to 5/6 1941, and that I last saw h[illegible] alive on 5/5 1941.

Immediate cause of death Uraemia — Duration .....

Due to Chronic Nephritis .....

Due to ....

Other Conditions Interstitial Adenitis .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature T. Paul Luther, M. D.
Address Mercy Hospital Date signed 5/6/41

E 80371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. E 80371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland — Baltimore, Md.

(b) Street address — 2713 Chesterfield Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State — Md. (b) County

(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. — 2713 Chesterfield Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME — Charles E. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) — 10/20/1885

8. AGE: Years	Months	Days	If less than one day
55	6	15	hr. ... min.

9. Birthplace — Baltimore, Md.
(Town, county, and state)

10. Usual Occupation — Captain

11. Industry or business — Balto. City, Fire Dept.

FATHER

12. Name — Edward Hughes,

13. Birthplace — Rhode Island

MOTHER

14. Maiden Name — Catherine Logan

15. Birthplace — Baltimore, Md.

16 (a) Informant — Catherine Hughes

(b) Address — 529 W. Hamburg Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)

(c) Cemetery or crematory — Cathedral
Location — Baltimore, Md.

18 (a) Funeral director — Maurice J. Flynn

(b) Address — 1422 Light Street

19 MAY 6- 1941 (Date rec'd by registrar) — Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — May 5th., 1941, at 12:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22, 1940, to May 5, 1941, and that I last saw him alive on May 5, 1941.

Immediate cause of death	Duration
Chronic Myocarditis	1 year.
Due to	
Due to	
Other Conditions Hypertension	2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations — None

Of autopsy — None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature — Frank H. Ogden, M. D.

Address — 2701 N. Calvert St. Date signed May 6, 41

80372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. E 80372

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 11 Broadway

(c) Hospital or institution: Church Home & Inf.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State D. C. (b) County

(c) City or town Washington (If outside city or town limits, write RURAL and give town)

(d) Street No. 4417 Valta place NW (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mr Sidney Wardwell

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs Josephine Wardwell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1880

8. AGE: Years 61 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Attorney

11. Industry or business

FATHER 12. Name Frank Wardwell

FATHER 13. Birthplace Maine

MOTHER 14. Maiden Name Veturia Chaffee

MOTHER 15. Birthplace Indiana

16 (a) Informant

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)

(c) Cemetery or crematory Location Washington, D. C.

18 (a) Funeral director W. J. Ecker and Sons

(b) Address Seventh & Penna. Ave. NW

MAY 8 1941

(By) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1941, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941, to May 6 1941, and that I last saw h alive on 5-6 1941.

Immediate cause of death Pulmonary Embolism left.

Duration 30 min

Due to

Due to

Other Conditions Sarcoma of Lung - (right)

Duration 1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Sarcoma of Lung - rt.

Of autopsy Pul Embolism.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. B. Crampton M. D.

Address Church Home & Inf. Date signed 5-6-41

VS 3

80373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C Registered No. F 80373

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 53 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Catonsville - Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 Winters Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Stanley John Rose Jr. (Birth F 27451)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	AA.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		2	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Stanley John Rose Sr.
13. Birthplace B. W. I.

MOTHER
14. Maiden Name Elizabeth Jackson
15. Birthplace Catonsville - Baltimore, Md

16 (a) Informant Miss Elizabeth Jackson.
(b) Address 38 Winters Ave. Catonsville

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory .....
Location .....

18 (a) Funeral director .....
(b) Address .....

MAY 6 – 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

(Over)

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 2 1941, at 12 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1941, to 5-2 1941, and that I last saw him alive on 5-2- 1941.

Immediate cause of death Hemorrhagic Disease of Newborn. — Duration 2 Days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Ruptured Spleen.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Carson C. Johnson M. D.
Address Provident Hospital Date signed 5/5/41

80374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80374

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Woodhouse Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Woodhouse Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel B. Keyser

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Chas. F. Keyser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6th 1886

8. AGE: Years	Months	Days	If less than one day
54	11	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William H. Richter
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Mc Gibbon
15. Birthplace Balto. Md

16 (a) Informant Chas. F. Keyser
(b) Address 3205 Woodhouse Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Huntington Williamsport Md

MAY 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1941, at 12 M P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to 5/5 1941, and that I last saw Deceased alive on 5/5 1941.

Immediate cause of death Carcinoma of Breast — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 1941

Major findings of operation: Carcinoma of Breast

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Kelly, M.D.
Address 503 Hartford Rd Date signed 5/8/41

F 80375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 80375

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Shannon Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 3039 Shannon Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A Henneke

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1880

8. AGE: Years 60 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Wholesale Confectioner

11. Industry or business Self

FATHER
12. Name Albert Henneke
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hines
15. Birthplace Germany

16 (a) Informant May Henneke
(b) Address 3039 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) MAY 7 - 1941 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941 at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1941 to May 6 1941, and that I last saw him alive on May 5 1941.

Immediate cause of death	Duration
Hemorrhagic Cardiac	Sudden
Due to Hypertrophy of Heart	2 yrs.
Due to	
Other Conditions Cancer of L Thorax of Lung	6 Months

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E A Henneke

Address 1605 N. Broadway Date signed May 6 1941

F 80376 City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH
3411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 46-B

F 80376

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore

City or town Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3703 - 7th Mile Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3703 - 7th Mile Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR W

3. (a) FULL NAME Jessie (or Just)

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1. 1879

8. AGE: Years 62 | Months | Days 4 | If less than one day hrs. min

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife (Retired)

11. Industry or business

FATHER 12. Name Jacob Just

13. Birthplace Baltimore

MOTHER 14. Maiden name Catherine Sullivan

15. Birthplace Baltimore

16. Informant Mrs. R. Mansell

Address 0 Quakertown Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 5 8 41
(month) (day) (year)

Cemetery or crematory Asbury M E

Location Quakertown Md

18. Funeral director Mathews Co

Address 1219 E Fayette

MAY 7 1941 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 5 41 19 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 / / 19 40 to 5 5 19 41

and that I last saw h[illegible] alive on 5 5 19 41

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	1 day
Due to (b) Arteriosclerosis	
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide N Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address [illegible] Date signed 5 6 41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 80377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Olive St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edgar Belt

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4004

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgia Fowler Belt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1874

8. AGE: Years	Months	Days	If less than one day
67	3	6	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business Retail Store

FATHER
12. Name Ebenezer Belt
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Jane Steward
15. Birthplace Balto. Co. Md.

16 (a) Informant Georgia F. Belt
(b) Address 1902 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 2-3 St. Paul St.

19 (a) MAY 7 1941 (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1941, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941, to May 5 1941, and that I last saw him alive on May 5th 1941

Immediate cause of death	Duration
Terminal Hypostatic Pneumania	2 days
Due to Chronic Nephritis & Uraemia	?
Due to Carcinoma of Rectum (Colostomy 4-26-41)	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmerson M.D.
Address St. Joseph's Hosp Date signed 5-5-41

F 80378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 80378

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balova
(b) Street address 6000 Bolgona Ave
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Southway (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Sade S Colt.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or ~~wife~~: Rev. Don S Colt.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 22-1862

8. AGE: Years 78 | Months 4 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Ohio (~~Town, county and~~ state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John M. Sullivan
13. Birthplace Ohio

MOTHER
14. Maiden Name Lucy Sweet.
15. Birthplace Virginia

16 (a) Informant Mrs Lewis J Wilcox
(b) Address 213 Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Baldwin Kans.
Location Baldwin Kansas.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) MAY 7 1941 (Date rec'd by local registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1941, at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940 to May 6 1941 and that I last saw her alive on May 6 1941.

Immediate cause of death: Cardiac Renal Vascular disease — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H D Wheaton M. D.
Address 7309 York Rd Date signed 5/6/41

F 80379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80379 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2653 Maryland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2653 Maryland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma S. Power

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Power

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22. 1859

8. AGE: Years 81 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Bernhard Strohmeyer

13. Birthplace ?

MOTHER 14. Maiden Name Barbara ?

15. Birthplace ?

16 (a) Informant Mrs Harry Pratt

(b) Address 2653 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1941 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director William Cook

(b) Address 1217 St Paul Street

19 (a) MAY 7 – 1941 (b) Huntington Williams, M.D.

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941. at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940. to May 6 1941. and that I last saw her alive on May 6 1941.

Immediate cause of death

Paraplegia

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration
6 months
1 day

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Katherine Fi M. D.

Address 112 W. 25th St Date signed May 6, 41

F 80380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 E Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Oliver St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Alfred Apter

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Esther Brenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1900

8. AGE: Years	Months	Days	If less than one day
40	5	12	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Hose Dealer
11. Industry or business Self

FATHER
12. Name Benjamin Apter
13. Birthplace England

MOTHER
14. Maiden Name Sibella Weeks
15. Birthplace England

16 (a) Informant Esther Apter (wife)
(b) Address 1630 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane Sol Levinson & Bros.

18 (a) Funeral director
(b) Address 1124-26 W. North ave

MAY 7 - 1941 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 6:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
~~Pulmonary Embolism~~ Coronary occlusion	Sudden death
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Vandeloff M.D.
Medical Examiner
Date signed 5/6/41

F 80381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80381

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2 Ward)

10min

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Slowick

If U. S. Veteran specify WAR

(a) Residence: No. 719 S. Bond St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

(Death F 27491)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5.6.41

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Slowick

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Helen August

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Theresa Slowick

(Address) 719 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 7, 1941

19. UNDERTAKER Fred W. Zoglowski

(Address) 1930 Eastern Ave.

20. FILED MAY 7 - 1941 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.6.41, 19

22. I HEREBY CERTIFY, That I attended deceased from 5.6.41 to 5.6.41, 19

I last saw h... alive on 5.6.41, 19 Death is said to have occurred on the date stated above, at 2.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. M. Kelly, M. D.

(Address) 43 W. Lexington St

VS 9

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80382

F 80382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1104-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + Calvert Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3807 Clifton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Miss Edna P. Troll

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1881

8. AGE: Years	Months	Days	If less than one day
60	2	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name	Fredk J. Troll
FATHER — 13. Birthplace	Balto
MOTHER — 14. Maiden Name	Bertha E. Schwartz
MOTHER — 15. Birthplace	Wash. D.C.

16 (a) Informant Mr. Fredk J. Troll

(b) Address 220 Cherry St Carlisle Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore, Md

18 (a) Funeral director Wm. Fickus Sons

(b) Address North & Pa Aves

19 (a) MAY 7 1941 Date received by Local Registrar (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 7.58 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1941, to 5-5 1941, and that I last saw her alive on 5-5 1941.

Immediate cause of death Hemolytic Staph. aureus septicemia, Serious nephritis — Duration 6 days

Due to

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.

Address Union Memorial Hosp. Date signed 5-5-41

F 80383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 E. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 E. North Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA SUDWALT MITCHELL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-07-0509

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 8, 1873

8. AGE: Years 67 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business New Amsterdam Casualty Co

FATHER
12. Name James Mitchell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Josephine S. Free
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Irene B. Mitchell
(b) Address 315 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1941, at 1:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1939. to May 6 1941. and that I last saw her alive on May 5 1941.

Immediate cause of death: Coronary Occlusion — Duration: 1 yr. 4 mo.
Due to Hypertensive Cardio-Vascular Disease — Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand A. Pies M.D.
Address 300 E. North Ave. Date signed 5/6/41

VS 8

80384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 80384
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Auchentoroly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Auchentoroly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NOAH J. BAILEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Angeline G. Bailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 29, 1852

8. AGE: Years 88 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace: Seven Valley, Pennsylvania (Town, county, and state)
10. Usual Occupation: Retired Clerk
11. Industry or business: Hardware & Paint

FATHER
12. Name: Henry Bailey
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mr. Donald H. Engler
(b) Address: 2210 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) MAY 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1941, at 1:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1941, to May 4 1941, and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death: Bronchopneumonia — Duration: 19 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred B Jewett M. D.
Address 2516 Eutaw Pl. Date signed May 4 1941

REINKING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80337 / 131-a

Registered No. F 80385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Valley View Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Valley View Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George J Reinking Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Marie Reinking
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Sept 13-1907

8. AGE: Years	Months	Days	If less than one day
33	7	22	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Foreman Keeper.
11. Industry or business

FATHER
12. Name Geo J Reinking Sr.
13. Birthplace Md

MOTHER
14. Maiden Name Wilhelmina Witte
15. Birthplace Md.

16 (a) Informant Marie Reinking
(b) Address 4313 Valley View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Roch
(b) Address 5305 Harford Road

19 MAY 7 - 1941 (Date rec'd by registrar) (b) Huntingtown Millicent, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 10a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941 to May 5 1941, and that I last saw him alive on May 4 1941.

Immediate cause of death Sub arachnoid Hemorrhage — Duration 3 mo

Due to Ch. Hypertension
Ch. Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos Harding M. D.
Address 4810 Belair Rd Date signed May 6/41

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80386

Registered No. 93-D F 80386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria T. McCaddin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife Wm Mc Caddin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-1869

8. AGE: Years	Months	Days	If less than one day
72	1	25	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frederick Dierken
13. Birthplace Germany

MOTHER
14. Maiden Name Antoinette Ruteng
15. Birthplace Germany

16 (a) Informant Frederick Dierken
(b) Address 424 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Leonard J Reich
(b) Address 530 N Harford Rd

19 (a) MAY 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19; and that I last saw h alive on May 5 19 41.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Grippe attended	
Allowed to Convey 5-6-41	
Due to	
Other Conditions Chronic Myo-Cardetis	3 years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. K. Gough M.D.
Address 5106 Harford Rd Date signed 5-6-41
A. K. Gough M.D.
for H. J. Mc Lees.

F 80387

Infussi

F 80387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore - Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Maryland Ave -
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Ann Infussi (Book F 26868)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1941

8. AGE: Years | Months | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Infussi
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary J. Di Pietro
15. Birthplace Baltimore Md.

16 (a) Informant Raymond Infussi (Father)
(b) Address 425 Maryland Ave Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore Md. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 1 N. Paca St.

MAY 7 - 1941
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1941; at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1941, to May 5, 1941, and that I last saw h.e alive on May 5, 1941.

Immediate cause of death: Peritonitis

Due to: Generalized Peritonitis

Due to: Acute Complalitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 2, 1941

Major findings of operation: Generalized Peritonitis

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester H. Caplan (M. D.
Address University Hosp. Date signed 5-5-41

VS 3

80388 F 80388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Sheton Rd St. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eugenia Mayes

If U. S. Veteran specify WAR

(a) Residence: No. 3520 Sheton Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bucks Co (State or country) Pa

FATHER

13. NAME Elisha Mayes.

14. BIRTHPLACE (city or town) Bucks Co (State or country) Pa

MOTHER

15. MAIDEN NAME Georgiana Mayes

16. BIRTHPLACE (city or town) Bucks Co (State or country) Pa

17. INFORMANT Mrs E.C Brooks

(Address) Sparks Md

18. BURIAL, CREMATION, OR REMOVAL

Place Joppa, Sparks, Md. Date May 10, 1941

19. UNDERTAKER Lander M. Brooks

(Address) Sparks, Md.

20. FILED MAY 7 1941, 19

Registrar

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1941 to May 7, 1941

I last saw alive on May 6, 1941. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 Day
Arterio Sclerosis	3 mo
Hypertension	3 mo
Other contributory causes of importance: Chronic Intestinal Nephritis	3 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F O Shinn, M. D.

(Address) 2878 Hanford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 80389

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Reisterstown Rd.
(c) Hospital or institution:

15-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy G. Skirven

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-6121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Mary Gemmill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/29/65

8. AGE: Years	Months	Days	If less than one day
75	5	5	hr. min.

9. Birthplace Kent Co. Md.
(Town, county, and state)
10. Usual Occupation General Manager
11. Industry or business Patapsco Steamship Co.

FATHER
12. Name Wm. T. Skirven
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Angeline Bard
15. Birthplace Conn.

16 (a) Informant Dr. Walter L. Badger
(b) Address 4901 Roland Ave.

17 (a) Burial (b) Date thereof 5/8/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Chestertown, Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) MAY 7 1941 Huntington Williams, M.D.
(Delivered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1941 to May 4 1941, and that I last saw him alive on Apr 23 1941.

Immediate cause of death Sudden, probably Coronary, death.

Duration

Due to (a) Myocardial insufficiency - Mar 28 To Apr 6

Due to Enlarged Heart -

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carroll Goodard M. D.
Address 2925 N. Charles St. Date signed
Howard J. Haslam M.D.

(over)

F 80390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 80390

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 416 N. Washington

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 416 N Washington Pl (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane G. Hurt

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1875

8. AGE: Years 65 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Charles Hurt

13. Birthplace Austria

MOTHER 14. Maiden Name Antoinette Hurt

15. Birthplace Baltimore

16 (a) Informant Mrs James Frankamel

(b) Address 2225 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1941 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Relay

18 (a) Funeral director John Ulrich

(b) Address 2005 Allendale

19 (a) MAY 7 1941 (Date rec'd by registrar) (b) Burington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 4 1941, and that I last saw her alive on May 4 1941.

Immediate cause of death	Duration
pulmonary embolism	4 weeks
Due to gangrene of left foot	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Otto Grunstein

Address North Public Hosp Date signed 5/7/41

VS 3

F 80391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80391 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2504 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY B. DEGRAW

3 (b) If veteran, name war no

3 (c) Social Security Account No. 215-03-~~46~~-4547

4. Sex m | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** married

6 (b) Name of husband or wife Anna DeGraw **6 (c) If alive, give age** years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1900

8. AGE: Years 41 | Months 3 1 | Days 1 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Oil Burner Mechanic

11. Industry or business Heating

FATHER
12. Name Harry V. DeGraw
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Britt
15. Birthplace North Carolina

16 (a) Informant Mrs. Anna DeGraw
(b) Address 2400 Bayonne Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5 9 41 (month) (day) (year)
(c) Cemetery or crematory Fairmount Mem.
Location Taylor Ave

18 (a) Funeral director Carden Funeral Home
(b) Address 401 Belair Rd

MAY 7 1941

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 19 41, at 10 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquiry thereon and from the evidence obtained by said ^ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Allemeabra M.D.
Asst Medical Examiner.

Date signed 5-6-41

VS 6

M. D. B. 1208-0

PETTIZS

F 80392

F 80392 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Eye & Ear Hosp. (St.) 16 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Harges Pettiss

(a) Residence: No. 719 N. Mount St., Ward 5 (Usual place of abode) (If non-resident give city or town and State) S S217-12-7304

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 3. 1920

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
21 yrs.	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morgan Pettiss

14. BIRTHPLACE (city or town) (State or country) Charlotte Va.

MOTHER

15. MAIDEN NAME Jessie Clemmons

16. BIRTHPLACE (city or town) (State or country) Charlotte Va.

17. INFORMANT Jessie Clemmons (Address) 719 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Mt. Calvary Date 5/7/41 19

19. UNDERTAKER Chas H. Aberdeen MAY 9 1941 719 N. Mount St

20. FILED ... 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5 19 41

22. I HEREBY CERTIFY, That I attended deceased from 4/26/41, 19 ... to 5/5/41, 19 ...

I last saw him alive on 5/5/41, 19 ... Death is said to have occurred on the date stated above, at 2 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Contusion Rt. Great Toe	3 weeks
Bacterial Endocarditis	
Panophthalmitis	2 wks.
Pulmonary Infarct Rt	1 day
Pulmonary Embolism	

Other contributory causes of importance:

Name of operation Enucleation L. Eye Date of 5/1/41

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel K. Lee M. D.

(Address) 1214 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

80393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17-F 80393 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. Smallwood at (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte E Rice

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Geo T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1877

8. AGE: Years	Months	Days	If less than one day
54	3	17	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Richard Hall Wilson
13. Birthplace Balto

MOTHER
14. Maiden Name Charlotte Hartman
15. Birthplace Balto

16 (a) Informant Mrs. George T Rice
(b) Address 529 S Smallwood st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Miller Brothers Funeral Home Inc
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3 MAY 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10-1941, to 5-5-1941, and that I last saw her alive on 5-5-1941.

Immediate cause of death
Perforated gastric Ulcer with manifestation into Abdominal abscess.
Due to

Due to

Other Conditions
Lobar Pneumonia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated Gastric Ulcer. Horrible Old Abscesses. Lobar Pneumonia.

Duration
25 da.
P.O.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Daniel L Zalis M. D.
Address Franklin Square Hospital Date signed 5-5-41

F 80394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 ✓ Registered No. F 80394

MARGIN RESERVED FOR BINDING

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 45 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAY 7 - 1941 Commissioner of Health

18 (a) Funeral director Pay H. A. Moore

(b) Address

19 (a) MAY 7 - 1941 (Date rec'd by registrar) Registrar Huntington Williams M.D. 6460

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 11:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ✓ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, mouth — Duration

Due to Bullet wound of head

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-26-41
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury shot during argument

23. Signature H L Wallenmeier M.D.
Medical Examiner.

Date signed 4-27-41

(with revolver)

Spec.—8-16-39—L. F. S.—100 Blks.

V F-80395

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80395

CERTIFICATE OF DEATH

83-a

1—PLACE OF DEATH F 80396 REGISTERED NO. F 80395

CITY OF BALTIMORE: (No. 817 Stricker St ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Henson

(a) RESIDENCE NO. 817 N. Stricker ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Henson

6 DATE OF BIRTH (month, day, and year): Aug 10-1868

7 AGE: Years 72 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Landlord

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None in 10 yrs.

9 BIRTHPLACE (city or town) (State or country): Anarundel Co West River Md

PARENTS

10 NAME OF FATHER: William Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): West River A A Co. Md

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mount Zion A A. Co Md.

14 Informant: John W. Henson

(Address): 817 N. Stricker St

15 Filed MAY 7 1941 Wilhelmina Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5-1941

17 I HEREBY CERTIFY, That I attended deceased from December 30, 1940, to May 5, 1941, that I last saw her alive on May 4, 1941, and that death occurred, on the date stated above, at 4-45P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Rt Side Brain CVA

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos. H. Wright M. D.

5/5, 1941 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 5/8 1941

20 UNDERTAKER: Geo. F. Kelson

ADDRESS: 1208 Pennsylvania Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 80396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

F 80396 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Guilford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RACHEL LOUELLA MARSTELLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Matthew D. Marsteller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1869

8. AGE: Years 71 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis A. Chilcoat
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Hale
15. Birthplace Maryland.

16 (a) Informant J. Willard Marsteller
(b) Address 3436 Auchentoroly Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Center Cemetery
Location New Park, Pa.

18 (a) Funeral director E. Leroy Stuffle, Inc.
(b) Address 125 E. North Ave.

19 (a) MAY 7 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Septicaemia — Duration

Due to Fracture of left femur, infected

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations Yes. Insertion of bone pegs
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 26, 1940
(c) Where did injury occur? slipped and fell in front of home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury fall on pavement

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)

Date signed 5-6-41

VS 6

F 80397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 80397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nina J. Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1897

8. AGE: Years	Months	Days	If less than one day
44	-	6	hr. min.

9. Birthplace Fayetteville N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Luchien King
13. Birthplace N. C.

MOTHER
14. Maiden Name Eva McClain
15. Birthplace N. C.

16 (a) Informant Troylee Williams
(b) Address 1820 Gay St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 7 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Fayetteville N. Carolina

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) MAY 7 1941 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1941, at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1941 to 5/3 1941 and that I last saw h e/r alive on 4/30 1941.

Immediate cause of death Hypertensive cardio-vascular-renal disease
Due to (uremia)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: UNK.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne
Address 1500 E. Madison St. Date signed May 5/41

Rayner Browne

VS 3

F 80398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D F 80398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1842 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Light St
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Michael Adam Fekaya

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Jennie Lear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23 1891

8. AGE: Years 50 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Locke Insulator

FATHER
12. Name Joseph Fekaya
13. Birthplace Austria

MOTHER
14. Maiden Name Rosalia Rikhover
15. Birthplace Austria

16 (a) Informant Mrs. Stella Fekaya
(b) Address 1840 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Road

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 (a) Date received MAY 7 1941 (Registrar) Huntingtown/Williamsport Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1941 to May 5 1941 and that I last saw HIM alive on May 5 1941.

Immediate cause of death	Duration
Exhaustion	2 days
Due to Pulmonary Tuberculosis	
Due to (Indefinite)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Campbell M. D.
Address 1644 Hanover St Date signed 5.6.41

F 80399

F ~~80399~~ 80399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... /
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N Chapel St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bernard Humphreys

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr. 13/1940

8. AGE: Years	Months	Days	If less than one day
1		20 23	..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Howard Humphreys
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Catherine Layfield
15. Birthplace Balto Md.

16 (a) Informant Howard Humphreys
(b) Address 1711 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Schwartz Cem.
Location O'Donnell st.

18 (a) Funeral director Lilly & Zalesnic
(b) Address 403 S. Wolfe St.

19 (a) MAY 7 1941 (Date received by Registrar) (b) Huntington Hillsville, Md. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 6 1941, and that I last saw h[illegible] alive on May 6 1941.

Immediate cause of death	Duration
Pneumonia - Fulminating	2 hr.
Due to Lobar -	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Joseph Edwin Schenck M. D.
Address Mercy Hosp. Date signed May 6 41

F 80400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JANIE HERBERT.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: James B. Herbert (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 10, 1896

8. AGE: Years 45 | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace: St. Mary's Co., Md. (Town, county, and State)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: William A. Somerville
13. Birthplace: St. Mary's Co. Md.

MOTHER
14. Maiden Name: Jennie Dolly
15. Birthplace: St. Mary's Co, Md

16 (a) Informant: Minnie Adams
(b) Address: 1000 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1941 (month) (day) (year)
(c) Cemetery or crematory: St Marys Co. Md
Location:

18 (a) Funeral director: Mr Walter R. Williams
(b) Address: 322 N. Schroeder St

19 MAY 7 - 1941 (Date rec'd by registrar) (Signature) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1941, at 2 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular	11 hrs
Due to: disease	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Williams M.D. Medical Examiner.
Date signed: 5-6-41

F 80401 ✓ F 80401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mcdeon St. & Linden Ave

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 953 Madison St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Moses Winder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1894

8. AGE: Years	Months	Days	If less than one day
47	1	7	hr. min.

9. Birthplace VW (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Robert Winder

13. Birthplace Maryland

MOTHER 14. Maiden Name Frances Quickley

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location A. A. Co. Md

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 528 W. Biddle St.

19 MAY 7 - 1941 (Date rec'd by registrar) (Huntington Williams, M.D.)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1941, at 10 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1941, to May 6, 1941, and that I last saw him alive on May 6, 1941.

Immediate cause of death	Duration
Lung Abscess	
Due to Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Thrombosis Pulm. Vein

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William R. Longshore M.D.

Address Md. General Hosp. Date signed 5/6/41

80402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-0 ✓ Registered No. E 80402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 Stucker St
(c) Hospital or institution: Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 1-5 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County no
(c) City or town 1505 Stucker St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dola Vanstory

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Vanstory

6 (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) 12-25-1892

8. AGE: Years 48 | Months 4 dec | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Wright
13. Birthplace Va

MOTHER
14. Maiden Name Miss Byrd
15. Birthplace Va

16 (a) Informant Joshua Wright
(b) Address West Point Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41 (month) (day) (year)
(c) Cemetery or crematory Virginia
Location West Point

18 (a) Funeral director Geo. S. Kelsan
(b) Address 1213 Pressstman St.

19 MAY 7 - 1941 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1- 1941, to 5-5- 1941 and that I last saw h e alive on 5-5- 1941.

Immediate cause of death: Cardiac Dilatation — Duration: 2 dys
Due to Mitral Regurgitation + ascites
Due to Gastritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Boykin MD
Address 1312 Stucker Date signed 5/5/41 M. D.

VS 3

STUART

80403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C

F 80403

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians:- please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 S. Woodyear St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S. Woodyear St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Vallie V. Stuart - (Engle)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mch 16-1877

8. AGE: Years	Months	Days	If less than one day
64	1	19	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Engles.
13. Birthplace Upshur

MOTHER
14. Maiden Name Virginia Boyer
15. Birthplace W. Va.

16 (a) Informant Mrs Stewart
(b) Address 205 S. Woodyear St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8-1941 (month) (day) (year)
(c) Cemetery or crematory Charlestown Cem
Location Charlestown W. Va.

18 (a) Funeral director Geo F. Beyer Jr
(b) Address 512 Hollins St

MAY 7 — 1941 (Date rec'd by registrar) Huntington, Williamson, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to May 4 1941, and that I last saw h[illegible] alive on May 4 1941.

Immediate cause of death	Duration
Cardiac Decompensation	3 mo.
Due to Rheumatic Cardio Valvular Disease	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Highstein M. D.
Address 888 W. Lombard St Date signed 5-6-41

VS 8

F80404 F80404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Edmondson Ave St. 16-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Barkley

(a) Residence: No. 1304 Edmondson Ave St., (Birth F 27695) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8, 1941

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Barkley

14. BIRTHPLACE (city or town) (State or country) Mount Vernon Md.

MOTHER

15. MAIDEN NAME Estelle Turner

16. BIRTHPLACE (city or town) (State or country) Jeanville Md.

17. INFORMANT James Barkley
(Address) 1304 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] MAY 8 - 1941
Commissioner of Health

19. UNDERTAKER For H. S. Moore
(Address)

20. FILED MAY 8 - 1941 Huntington Wills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1941 to May 8, 1941

I last saw h[illegible] alive on May 8, 1941 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	
Prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Dallas Shennington M. D.

(Address) 701 N Carey St.

V. S. 3

1. Name of deceased, when applying for information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6465

F 80405 or 65461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80405

Registered No. 30-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Sharpe Street (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Trippi (Trippe)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1901

8. AGE: Years 39 | Months 7 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation cook

11. Industry or business Kell's Restaurant

FATHER
12. Name George Buck
13. Birthplace Maryland

MOTHER
14. Maiden Name Priscella Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 8 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Ct
Location A. A. Co. Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) Date rec'd 1941 MAY 8 VS 2 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-41, 1941, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941, to 5-5 1941, and that I last saw her alive on 5-5 1941.

Immediate cause of death	Duration
Rt tubo-ovarian abscess	2
Uterine fibroids	2
Due to Pelvic peritonitis	2
Wassermann reaction positive	2
Due to Diabetes mellitus	2
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Siblet Jr. M. D.
Address Baltimore City Hosp. Date signed 5-8-41

F 80406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148-B Registered No.

F 80406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: West Balto. Genl Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 10

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2637 Cecil Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

9-7

3 (a) FULL NAME Mrs Dus Norris

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22nd 1884

8. AGE: Years	Months	Days	If less than one day
57	2	14	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name George Brock

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Rosa R. Flynn

MOTHER 15. Birthplace Md.

16 (a) Informant Fernandas Norris

(b) Address 1705 E. 25th St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/9/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Zion Church Cem.

Location Harford Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) (Date received by registrar) (b) Huntington Ave Baltimore, Md.

MAY 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 41 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1941, to 5/6 1941, and that I last saw h~~e~~ alive on 5/6 1941.

Immediate cause of death Pulmonary Embolism

Due to Metastatic Carcinoma from uterus parametrium, rectum, bladder, vagina

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pulmonary embolism

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] Wallenstein M.D.

Address [illegible] Date signed 5/6/41

F 80407
MA 65331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-E

F 80407 1
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4837 Park Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Quirk

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 139-14-0265

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Anna M. Quirk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1876

8. AGE: Years	Months	Days	If less than one day
64	10	27	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Edgewood Arsenal

FATHER
12. Name Patrick Quirk
13. Birthplace Ireland

MOTHER
14. Maiden Name Josephine Ann Hall
15. Birthplace ~~Ireland~~ New York City

16 (a) Informant Hospital records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar) MAY 8 — 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1941, at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1941, to 5-7 1941, and that I last saw h~~im~~ alive on 5-6 1941.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Cardiac failure	?
Due to Syphilis of viscera	?
Other Conditions B.P. ↑	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-7-41

VS 3

F 80408

F 80408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-13

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If not outside city or town limits, write RURAL and give town)
(d) Street No. 2408 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Wagner

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 218-09-3442

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Lillie Bruns Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10th 1870

8. AGE: Years 71 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Auto Salesman

11. Industry or business Ashley Chevrolet Co

FATHER 12. Name Chas. Henry Wagner
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Rose Anna Seaton
15. Birthplace Balto. Md.

16 (a) Informant Dorothy Wagner
(b) Address 2408 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address [illegible] Washington Boulevard Williamstown, M.D.

19 (a) Date rec'd by Local Registrar MAY 8 1941 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1941, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3, 1941 to May 7, 1941, and that I last saw h[illegible] alive on May 7, 1941.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular disease & decompensation	
Due to	
Due to	
Other Conditions Carcinoma prostate with metastasis; rt. direct inguinal hernia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Longcope M.D.
Address Md. General Hosp. Date signed 5/7/41

F 80409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 80409 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 S. Ann St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Mary Ellen Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Smith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) F/24/66

8. AGE: Years 74 | Months 8 | Days 7 | If less than one day — hr. — min.

9. Birthplace Baltimore. (City, county, and state)
10. Usual Occupation — House Wife
11. Industry or business —

FATHER
12. Name Peter Easter
13. Birthplace Germany.

MOTHER
14. Maiden Name Joanna Turner
15. Birthplace Md.

16 (a) Informant Hospital Chart.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. City

18 (a) Funeral director Mrs. Mug. John W. Geipel's Sons
(b) Address 801 W. Fayette St.

19 (a) (Date rec'd by registrar) (b) Burlington, Williamsburg, Registrar

MAY 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1941, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1941, to 5/6 1941, and that I last saw h[illegible] alive on 5/6 1941.

Immediate cause of death	Duration
Emphysema of the Gall Bladder & obstruction of the intestines.	7
Due to Gall Bladder Stone.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4/30/41
Major findings of operation: Gallstone.
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Kerr M.D.
Address Bon Secours Hospital Date signed 5/6/41

F 80410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 80410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira & Hanover
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Harford Road (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick W. Loos Jr

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 217-07-3687

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Alice L. Loos
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1912

8. AGE: Years	Months	Days	If less than one day
28	7	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Bottler
11. Industry or business Hires Root Beer Co

FATHER
12. Name Frederick W. Loos.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna E. Meyer
15. Birthplace Baltimore Md.

16 (a) Informant Anna E. Loos
(b) Address 2520 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore Co. Md

18 (a) Funeral director Mr & Mrs. John W. Tawdlsom
(b) Address 801 W. Fayette St.

MAY 8 — 1941 (Date Rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 10 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22-1941, to 5-5 1941, and that I last saw HIM alive on 5-5-1941.

Immediate cause of death	Duration
Postoperative Shock	3 days
Due to Thoracoplasty - 5 ribs	
Due to	
Other Conditions Pulmonary Tbc.	

(Include pregnancy within 3 months of death)
Date of operation 5-2-41
Major findings of operation: Thoracoplasty. Removal of 2-3-4-5-6 Rt. ribs
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. O Pierpont M. D.
Address Md Gen Hosp Date signed May 5 41

Huntington Williams, M.D.

F 80411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3336 Twyynns Falls Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3336 Twyynns Falls Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME MOSES D. WEINTRAUB

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife DENA
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
62				

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name YEHUDA WEINTRAUB
13. Birthplace RUSSIA

MOTHER
14. Maiden Name MARSHA
15. Birthplace RUSSIA

16 (a) Informant SYLVAN LEWIS
(b) Address 3321 BORLEITH AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location PHILA RD & BOWLEYS LANE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balt St

19 (a) Filed rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-41, 19, at 12 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to 5-7-1941.
and that I last saw him alive on May 6 1941.

Immediate cause of death: Coronary occlusion — Duration: 1 day
Due to: Arteriosclerosis — Duration: 20 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack Cohen M.D.
Address 1804 Eutaw Place Date signed 5/7/41

389640 F 80412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-6-a F 80412 Registered No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Maryside (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME William Taylor

3 (b) If veteran, name war ...

3 (c) Social Security Account No. ...

4. Sex M

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 12-11-93

8. AGE: Years 46 | Months x | Days 25 | If less than one day ... hr. ... min.

9. Birthplace N. C (town, county and state)

10. Usual Occupation Plastering

11. Industry or business Self

FATHER
12. Name Charles Taylor
13. Birthplace N. C

MOTHER
14. Maiden Name Millie Sims
15. Birthplace N. C

16 (a) Informant Friend
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location E. B. Co

18 (a) Funeral director Rayner Saunders
(b) Address 412 E. Preston St.

MAY 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-1941 at 9:51 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3-1940 to 5-6-1941. and that I last saw h[illegible] alive on 5-6-1941.

Immediate cause of death Staphylococcal septicemia
Pyarthrosis of both Knees
Due to ...
Due to ...
Other Conditions Pseudohemophilia

Duration: 3 weeks / 3 weeks / 3 months

(Include pregnancy within 3 months of death)
Date of operation Feb. 3, 1941
Major findings of operation: Hemarthrosis of Right Knee
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature John Luetscher, M.D.
Address Johns Hopkins Hosp. Date signed 5/7/41 M.D.

F 80413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

F 80413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence E. Marchant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George E. Marchant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1889

8. AGE: Years 51 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ernest Landbeck
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Bettie Fajen
15. Birthplace New York, N.Y.

16 (a) Informant Mrs. Bessie Elliott (Sister)
(b) Address 2102 N. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D.
MAY 8 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941 at 6:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Pneumonia
Due to: Bronchitis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 5/6/41
(c) Where did injury occur? 2102 N. Wolfe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from stove burners

23. Signature H. Lloyd Landenwich M.D. Medical Examiner.
Date signed 5/6/41

F 80414

F 80414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1614 E. Lafayette

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1614 E. Lafayette

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna K. Filge

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife John C. Filge (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28/1873

8. AGE: Years	Months	Days	If less than one day
67	10	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Geo Philip Theo Brandt

13. Birthplace Germany

MOTHER 14. Maiden Name Magdalene Stengel

15. Birthplace Germany

16 (a) Informant Mrs. Mary Brandt

(b) Address 1614 E. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 41 (month) (day) (year)

(c) Cemetery or crematory Druid Hill

Location Gwynn Lane

18 (a) Funeral director J. Heiman & Son

(b) Address 31 S. Broadway

19 (a) (Date rec'd by Registrar) MAY 8 1941 (b) Registrar Huntington Williams, M.D.

MAY vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6. 1941, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 '41 to May 6, 1941. and that I last saw her alive on May 5, 1941.

Immediate cause of death	Duration
Coronary Thrombosis	6 hrs.
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert Singewald M.D.

Address 1613 E. North Ave Date signed 4-7-41

80415 3945445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town WAYNESBORO (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Philadelphia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Hellman

3 (b) If veteran, name war

3 (c) Social Security Account No. 173-03-2867

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alma

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 12-31-11

8. AGE: Years 29 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation

11. Industry or business Gas & Electric

FATHER 12. Name Chas. Hellman

13. Birthplace PA

MOTHER 14. Maiden Name Elmira Thompson

15. Birthplace PA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (month) (day) (year)

(c) Cemetery or crematory Greenhill

Location Waynesboro

18 (a) Funeral director Harry H. Witzke

(b) Address 416 Edmondson Ave

(a) (Date rec'd by registrar) (b) Huntington, West Virginia

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 8 - 1941 at 2:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1941 to May 8 1941 and that I last saw him alive on May 8 1941

Immediate cause of death: Leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Tierney M. D.

Address Johns Hopkins Hosp. Date signed 5-8-41

F-80416

80416 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Bradley St. 17-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret Jackson

If U. S. Veteran specify WAR _____

(a) Residence: No. 767 Bradley St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) May 14-1885

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
55 56	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson, Md

FATHER

13. NAME James Garrett

14. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER

15. MAIDEN NAME Mary Posey

16. BIRTHPLACE (city or town) (State or country) Towson Md

17. INFORMANT Mary Jordan
(Address) 767 Bradley A.

18. BURIAL, CREMATION, OR REMOVAL.
Place Pleasant Rest Date 5-8 1941

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1623 Pennsylvania Ave

20. FILED MAY 8 1941 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1941

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1941 to 5-5-1941

I last saw her alive on 5-4-1941 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	
Cardio-Renal disease	
Decompensation	1 yr ago

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) T. C. Jackson M. D.

(Address) 610 Washington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

M. D. R. 1908-9

80417 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 80417

CERTIFICATE OF DEATH ✓ 46-41

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Carey St. 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Reed

(a) Residence: No. 1035 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Reed

6. DATE OF BIRTH (month, day, year) Dec. 23, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Feb 14, 1941

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME Lang Carney

14. BIRTHPLACE (city or town) (State or country) Essex Co. Virginia

MOTHER

15. MAIDEN NAME Cordelia ?

16. BIRTHPLACE (city or town) (State or country) Essex County Virginia

17. INFORMANT Mary E. Bolden

(Address) 1035 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5-8, 1941

19. UNDERTAKER Mr. Geo. H. Holland

(Address) 1631 Edmondson Ave

20. MAY 8 - 1941 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1941 to May 5, 1941

I last saw her alive on May 5, 1941 Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3 years
Other contributory causes of importance: Carcinoma of mesentery	2-14-41

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. J. Campbell, M. D.

(Address) 63 9 N. Carey St

WHITE CARD, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 133

F 80418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Crump.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1929

8. AGE: Years 11 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Branch Crump.
13. Birthplace Va

MOTHER 14. Maiden Name Pauline Purnell
15. Birthplace Md.

16 (a) Informant Pauline Purnell
(b) Address 1415 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director Joseph D. Locke, Jr.
(b) Address 3814 N. Central Ave

19 (a) MAY 8 - 1941 (Date rec'd by registrar) (b) Huntingdon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to 5/5 1941, and that I last saw h[illegible] alive on 5/5 1941.

Immediate cause of death Acute Miliary Tuberculosis — Duration 2 Mos.
Due to
Due to
Other Conditions Generalized Septicemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young
Address 1474 E. Monument Date signed 5/6/41

VS 3

F 80419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland F 80420
(b) Street address
(c) Hospital or institution: Camp Holabird
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Camp Holabird (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Levin W. Jolly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/1/14

8. AGE: Years	Months	Days	If less than one day
26	7	6	hr. min.

9. Birthplace Salisbury, Md. (Town, county, and state)
10. Usual Occupation Truck driver.
11. Industry or business U.S. ARMY

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant U. S. ARMY
(b) Address Holabird QM Depot, Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/1941 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury, Maryland

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. Lafayette Ave., Baltimore, Md.

19 (a) MAY 9 – 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1941, at 11:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Hypertrophic Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 5-7-41

VS 6

F 80420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80420

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital) (Ward) 20 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21hrs ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME baby boy Schafer

(a) Residence: No. 306 w. Annapolis Rd., Glenburnie, Md. St. ... Ward. Anne Arundel Co.

(Usual place of abode) (Birth F 2715) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5.6.41

7. AGE	Years	Months	Days	If LESS than 1 day 21 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Fred Schafer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha Todd Hurtt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. Schafer
(Address) 306 Annapolis Rd. Glenburnie

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 8, 1941

19. UNDERTAKER Harry H. Wilkes
(Address) 4101 Edmondson Ave.

MAY 8 — 1941

Harry H. Wilkes Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.7.41, 19...

22. I HEREBY CERTIFY, That I attended deceased from 5.6.41, 19..., to 5.7.41, 19...

I last saw him alive on 5.7.41, 19... Death is said to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectases	
Other contributory causes of importance: Prematurity	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. J. Kaeg M. D.

(Address) Bon Secours Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 80421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80422 / 31-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Thomas Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Greenspring Valley, Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Joshua Brown
13. Birthplace Greenspring Valley Md

MOTHER
14. Maiden Name Harriet Williams
15. Birthplace Greenspring Valley, Md.

16 (a) Informant Annie Johnson, Sister
(b) Address 609 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1941 (month) (day) (year)
(c) Cemetery or crematory Pine Grove, Md
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 MAY 8 – (Date rec'd by registrar) (b) Huntington Hillsmere Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/41 19 , at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1940 to 5/4 1941, and that I last saw h.s.r. alive on 5/4 1941.

Immediate cause of death
Pneumonia Failure
Hypostatic
Due to Bronchitis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
4 hrs.
1 yr.
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Louise Brown M. D.
Address 1150 Druid Hill Ave Date signed 5/6/41

VS 2

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80422

F 80422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E. Mt. Royal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Waters

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1883

8. AGE: Years 57 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Higdon
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name ? Hartman
15. Birthplace Balto. Md

16 (a) Informant Charles Waters
(b) Address 215 E. Mt Royal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) MAY 8 — 1941 (Date received by registrar) Registrar

Huntington Williams, M.D

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1941, at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1941, to 5/8 1941, and that I last saw h[illegible] alive on 5/8 1941.

Immediate cause of death	Duration
Intestinal obstruction	7 days
Due to Carcinoma of sig-	
Due to mod cold	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca of sigmoid.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott
Address W. B. G. H. Date signed 5/10/41

F 80423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. F 80423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 E. Baltimore st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 E. Baltimore st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude V. White

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife William H. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1891

8. AGE: Years	Months	Days	If less than one day
50	3	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Mincher
13. Birthplace Baltimore

MOTHER
14. Maiden Name —
15. Birthplace Baltimore

16 (a) Informant Daughter Margaret Heckle
(b) Address 2817 Kildare Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore st

19 (a) MAY 8 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1941, to May 7 1941, and that I last saw h[illegible] alive on May 6 1941.

Immediate cause of death	Duration
Hypertension	
Uraemic Poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen E. Leatham
Address 3139 E. Baltimore st Date signed 5-7-41 M. D.

F 80424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 80424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 W. Henrietta Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 W. Henrietta Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. OAP

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870 ?

8. AGE: Years	Months	Days	If less than one day
71 70 ?			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sister Nettie Finney
(b) Address 14 W. Henrietta Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A.A.Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

MAY 8 - 1941 (Date rec'd by Registrar) Huntington Williams Asst

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 41 at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 5 1941, and that I last saw her alive on May 5 1941.

Immediate cause of death	Duration
Lobar Pneumonia	4 dys
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D J Kennedy
Address 661 W Baltimore St Date signed 5/8/41

F 80425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80425 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homewood Apts.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Poulson Keyser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Charles M. Keyser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1856 (?)

8. AGE: Years	Months	Days	If less than one day
84 85	7	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Alexander W. Poulson
13. Birthplace Pa.

MOTHER
14. Maiden Name Jane Spurrier
15. Birthplace Md.

16 (a) Informant Mrs. E. Asbury Davis
(b) Address 305 Somerset Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 9, 1941 (month) (day) (year)
(c) Cemetery ~~encumstory~~ Greenmount
Location North of Greenmount Aves.

18 (a) Funeral director John Mitchell & Sons
(b) Address 1900 Eutaw Place, Balto.

MAY (c) Date received 1941 (Registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to May 1941, and that I last saw h[illegible] alive on May 6, 1941.

Immediate cause of death	Duration
Streptococcic pneumonia	over
Due to Confinement to bed and Cardiac Insuff.	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Delaney Thomas, M. D.
Address Med. Arts. Bldg. Date signed

F 80426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80426

Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 E Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3842 Boarman ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1510

3 (a) FULL NAME Moses Tobb

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1898

8. AGE: Years	Months	Days	If less than one day
43	-	22	hr. min.

9. Birthplace Poland (town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER

12. Name Abraham Tobb

13. Birthplace Poland

MOTHER

14. Maiden Name Goldie

15. Birthplace Poland

16 (a) Informant Mrs Rose Tobb.

(b) Address 3842 Boarman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Young Men

Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros

(b) Address 124-26 N Howard ave

19 (a) MAY 8 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1941, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1941, to 5/7 1941, and that I last saw him alive on 5/1 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. Harold Jr. M. D.

Address Sinai Hosp. Date signed

VS 3

F 80427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 E 27 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 E 27 St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie A. Foote

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John C Foote

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1865

8. AGE: Years 75 | Months 4 | Days 1 16 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John H Frey
13. Birthplace Glen Rock Pa

MOTHER
14. Maiden Name Mary E McComas
15. Birthplace Balto Md

16 (a) Informant George R Foote
(b) Address 402 E 27 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 9 41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Franklin F Seitz
(b) Address 814 W 36 St

19 (a) Date received MAY 8 1941 (Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to May 7 1941, and that I last saw h-- alive on May 7 1941.

Immediate cause of death: Arteriosclerosis — Duration

Due to

Due to

Other Conditions Coronary thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Ephraim M. D.
Address 2537 Greenmount Ave Date signed 5.7.41

F 80428

F 80428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 80428

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Pinewood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Pinewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-7

3 (a) FULL NAME Oliver Thomas Arnal

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-9608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 21st 1884

8. AGE: Years	Months	Days	If less than one day
56	6	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Copper Co

FATHER
12. Name George F. Arnal
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Joh
15. Birthplace Germany

16 (a) Informant William Arnal
(b) Address 2819 Pinewood Avenue

17 (a) Burial (b) Date thereof May 9th, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave., Balto. Co. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1335 Harford Ave

19 (a) MAY 8 - 1941 Harrington Williams
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th. 1941, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1941 to May 7, 1941, and that I last saw him alive on May 6, 1941.

Immediate cause of death	Duration
Aortic regurgitation &	
Mitral stenosis	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Singewald M. D.
Address 1613 E. North Ave. Date signed 5-7-41

80429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 80429

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Wash. D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 C St. N.E.
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Herbert

3 (b) If veteran, name war — In
3 (c) Social Security Account No. 719-03-1867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1882

8. AGE: Years	Months	Days	If less than one day
58 59	6 4	5 6	hr. min.

9. Birthplace Dynard, St. Mary's Co. Md.
(Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business Wash. Terminal Co.

FATHER
12. Name George F. Herbert
13. Birthplace Dynard, St Mary's Co.

MOTHER
14. Maiden Name Nannie E. McWilliams
15. Birthplace St. Mary's County

16 (a) Informant Thomas G. Herbert
(b) Address 1519 Webster St. NW. Washington, D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-41 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director G. Wm Lee's Sons Co.
(b) Address 300-4 St N.E. Wash. D.C.

MAY 8- 1941
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-1941, at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained by said Autopsy-Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mudd M.D.
Medical Examiner.
Date signed 5-8-41

F 80430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item should be carefully supplied. The correct age is especially important. Physicians: please write th... clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Carlton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Robert Herman Collett

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 5/24/1889

8. AGE: Years	Months	Days	If less than one day
51	11	8	hr. min.

9. Birthplace Wytheville Va (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Estelle Perkins
(b) Address 1226 Carlton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory National
Location Catons Valley

18 (a) Funeral director Chas. H. Alexander
(b) Address 917 N. Mount st.

19 (a) 8 MAY 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1941, at 8:00 A M

21. I certify that death occurred on the date above stated from 5-7 1941, to 5-7 1941, and that I last saw him alive on 5-7 1941

Immediate cause of death Cerebral Hemorrhage — duration 3 hrs

Due to Hypertension — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Mussenden M. D.
Address Provident Hosp Date signed 5-8-41

F 80431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

F 80431 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Pumphery St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Pumphery St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THERESA DOBRONY

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank Dobrony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 th 1866

8. AGE: Years	Months	Days	If less than one day
74	6	22	hr. min.

9. Birthplace Australia (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Frank Dobrony
13. Birthplace Australia

MOTHER
14. Maiden Name Dont Know
15. Birthplace Australia

16 (a) Informant Frank Dobrony
(b) Address 2215 Mura st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 - 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Catty

18 (a) Funeral director John Ulrich
(b) Address 2005 Orleans St

19 (a) (b) Huntington Williams, M.D. Registrar

MAY 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941, to May 7 1941, and that I last saw h[illegible] alive on May 6 1941.

Immediate cause of death: Acute Pulmonary Edema — Duration 5-7-41
Due to: Chronic Myocardial Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. R. Evans M. D.
Address 1 Liberty Parkway Date signed 5-7-41

F 80432

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80432

CERTIFICATE OF DEATH

157-H

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

4hrs.

2. FULL NAME Baby Boy Pierce

If U. S. Veteran specify WAR

(a) Residence: No. 2822 Riggs Ave. St., Ward (Birth F 27657)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-7-41

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Guilford Richardson Pierce

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Fern Sherman

16. BIRTHPLACE (city or town) (State or country) Central City Iowa

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 8 - 1941

Commissioner of Health

19. UNDERTAKER

[redacted] E. A. Moore

20. PL[redacted] Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.7.41, 19

22. I HEREBY CERTIFY, That I attended deceased from 5.7.41, 19 to 5.7.41, 19

I last saw him alive on 5.7.41, 19 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Congenital Cystic Kidney, Bilateral	
2. - Coartation of aorta.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D M Dixon M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

6465

F 80433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 80433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 363 Fonthill Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 363 Fonthill Avenue (If rural give location)
If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Katherine Lukenich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Lukenich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 28, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	9	hr. min.

9. Birthplace Hungaria (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Hungaria

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungaria

16 (a) Informant Stephen Lukenich
(b) Address 363 Fonthill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 W. Pratt St.

MAY 8 - 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis and Disease	
Due to	
Due to	
Other Conditions Autopsy & Generalized Hypertension & Chronic Pyelonephritis & Cystitis & Prostatitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-1-41
(c) Where did injury occur? 363 Fonthill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell down stairs & trip

23. Signature Howard J. Moreau M.D. Medical Examiner.
Date signed 5-6-41

VS 6

80434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 80434 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 70 Seminole ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME E. Webb Miller EDWARD WEBER HOEN MILLER

3 (b) If veteran, name war: World War.

3 (c) Social Security Account No. 212-10-2369

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Grace L. Jennings Miller. 6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): May 7, 1889

8. AGE: Years: 51 | Months: 9 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Chief Clerk Const. Quartermaster Corps

11. Industry or business: U. S. Army

FATHER
12. Name: John F. Miller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary A. Bergan
15. Birthplace: Maryland

16 (a) Informant: Mrs. E. W. Miller
(b) Address: 70 Seminole Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1941 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: Easton Lowe
(b) Address: Ellicott City.

19 MAY 8 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 10:57 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound, head — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence: 5/7/41
(c) Where did injury occur? 70 Seminole Rd. Catonsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: pistol - in garage

23. Signature: Wm. H. Landsdorff M.D. Medical Examiner.
Date signed: 5/7/41

VS 6

80435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 80435
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forest St
(c) Hospital or institution: Md. Penitentiary Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 954 Forest St. 661 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Norman Spriggs

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1901

8. AGE: Years 39 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Spriggs
13. Birthplace Charles County, Md

MOTHER
14. Maiden Name Susie Thornton
15. Birthplace Baltimore, Md.

16 (a) Informant Penitentiary Records
(b) Address 954 Forest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gunman Hill Baltimore Co. Md

18 (a) Funeral director John J. Feldmeier & Sons
(b) Address 1310 Light St Huntingtown Williams, Md.

MAY 8 — 1941
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941, at 12:46 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1941, to May 1 1941, and that I last saw him alive on May 1 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: many years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Parker Scarbrough M. D.
Address 1123 St. Paul St Date signed 5-1-41

C. Parker Scarbrough

80436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80436

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1412 Eutaw Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1412 Eutaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Burkhardt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1867.

8. AGE: Years	Months	Days	If less than one day
74		24	hr. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Rev. Fritz O. Ayers

(b) Address City Hall Plaza

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Lustfield

(b) Address 4101 Edmondson Ave.

MAY 8 - 1941 (Date rec'd by registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6/41, 19, at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1941 to May 6 1941, and that I last saw h.e.r alive on May 5 1941

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D. Fuhrman M.D.

Address 2324 Reisterstown Rd Date signed May 8/41

80437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 80437 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution:
Nightingdale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4135 Norfolk Avenue. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Stone Bair

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Clayton Bair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15th 1856

8. AGE: Years	Months	Days	If less than one day
85	1	23	hr. min.

9. Birthplace Lancaster, Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Augustus Stone
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Sophia Clarke
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Daisy Fentress
(b) Address 4135 Norfolk Avenue.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8th 1941 (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location Lancaster, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address Baltimore, Md.

19 (a) MAY 8 1941 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1941 at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940 to May 8 1941 and that I last saw her alive on May 7 1941.

Immediate cause of death	Duration
Hypocondritis	
Due to	
Due to	
Other Conditions senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterson
Address 2324 Reisterstown Rd Date signed 5/8/41

F 80438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80438 Registered No. 90-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or Institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Lea Disharoon

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1936

8. AGE: Years	Months	Days	If less than one day
5	2	2/20	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Putnman L. Disharoon
13. Birthplace Salisbury Md.

MOTHER
14. Maiden Name Ruth N. Smith
15. Birthplace Balto Md.

16 (a) Informant Putnman L. Disharoon
(b) Address Randallstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Randallstown Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

MAY 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1941, to 5-7 1941, and that I last saw h[illegible] alive on 5-7 1941.

Immediate cause of death Purulent Pericarditis — Duration

Due to (Etiology undetermined)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Purulent Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature Williams L. Cook M. D.
Address St Joseph's Hosp Date signed 5-7-41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 80439 Registered No.

F 80439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Dent

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-0205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Ethel Dent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1889

8. AGE: Years	Months	Days	If less than one day
51	9	-	hr. min.

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Dent
13. Birthplace Md

MOTHER
14. Maiden Name Annie Smith
15. Birthplace Md

16 (a) Informant Emma Gelden
(b) Address 812 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Frances G. Hawley.
(b) Address 578 W. Baltimore St
MAY 9 - 1941 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1941, to 5-7 1941, and that I last saw him alive on 5-7 1941.

Immediate cause of death	Duration
Cerebral Embolism	8 hrs
Due to Hypertension - cardio vascular disease	
Due to	
Other Conditions Myocardial Infarction	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Tysauske M. D.
Address St Joseph's Hosp. Date signed 5-7-41

Please print, with typewriter ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80440 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 N. Schroeder St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathaniel Branch

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 7, 1905

8. AGE: Years	Months	Days	If less than one day
45	-	1	hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Chas. V. Saratoga Sts.

FATHER
12. Name Nathaniel Branch
13. Birthplace Virginia

MOTHER
14. Maiden Name Precious Bell
15. Birthplace Virginia

16 (a) Informant Bertha Brand
(b) Address 253 Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Terrance A. Hayden.
(b) Address 578 W. Baddle St

MAY 9 - 1941 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1941, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 5/8/41

F 80441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-B V

Registered No. F 80441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Smallwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie Smallwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1857

8. AGE: Years 83 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation Coachman

11. Industry or business

FATHER
12. Name Thomas Smallwood
13. Birthplace Md

MOTHER
14. Maiden Name Byrne Parker
15. Birthplace Md

16 (a) Informant Nellie Smallwood
(b) Address 2212 Druid Hill Ave.)

17 (a) Burial (b) Date thereof 5-12-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Myn T. Tarrey & G. F. Gundy
(b) Address 578 W. Biddle St

19 (a) (Date rec'd by Registrar) (b) Registrar

MAY 13 1941 VS F Huntington Mill Hill, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 8:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941 to May 7 1941, and that I last saw him alive on May 6 1941.

Immediate cause of death Chronic Nephritis — Duration 2 yrs

Due to Uremia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Faulkner
Address 606 W. Lanvale St Date signed 5/8/41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 80442

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Wilmer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeannette Bundy (64839)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1906

8. AGE: Years 34 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Pa.

MOTHER
14. Maiden Name Lena Tibbs
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 372 N. Schroeder St

19 (a) MAY 9 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1941, at 12:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1941 to May 8 1941, and that I last saw her alive on May 8 1941

	Duration
Immediate cause of death: Pulmonary tuberculosis	2 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp. Date signed 5-8-41 M.D.

VS 8

F 80443

F 80443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2923 Fait Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2923 Fait Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Glock.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Marie J. Glock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1893

8. AGE: Years	Months	Days	If less than one day
47	11	23	20 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Self

FATHER 12. Name John Glock

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Mary Adams

15. Birthplace Baltimore, Md

16 (a) Informant Marie J. Glock

(b) Address 2923 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Baltimore, Md

18 (a) Funeral director Dunward L. Covington

(b) Address 21 W. 25th St.

19 (a) MAY 9 1941 (Local registrar) (b) Hunter Mac Williams Registrar

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/1941, at 11:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1936, to May 7 1941, and that I last saw h[illegible] alive on May 7 1941.

Immediate cause of death

Hypertensive C.V. Disease — Duration 1936

Due to Cerebral Hemorrhage — 5-7-41

Due to Myocardial Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Eastchurch M. D.

Address 842 S. Ford Ave Date signed 5-8-41

FOLD WHERE FOUND, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 80444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Ethland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dorothy Coplin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Isidor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1909

8. AGE: Years	Months	Days	If less than one day
31	4	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Zirlligon Lebowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Rahman
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Fed & Hamilton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1432 E. Baltimore St

19 (a) (b) Huntington Williams M.D.
(Date received) (Registrar)
MAY 9 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 4.44 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941, to May 8 1941, and that I last saw her alive on May 8 1941.

Immediate cause of death Pulmonary embolus

Due to Phlebitis

Due to Appendectomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured appendix with abscess

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Doller Brown M.D.
Address Union Memorial Hospital Date signed May 8, 1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 80445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80445

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3718 Chestnut Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3718 Chestnut Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

12T

3 (a) FULL NAME James H. Ray.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lena Ray.

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 31, 1872

8. AGE: Years	Months	Days	If less than one day
68	9	6	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Brakeman Penna. R.R.

FATHER

12. Name Robert Ray.

13. Birthplace Scotland.

MOTHER

14. Maiden Name Kate Rossiter.

15. Birthplace Ireland.

16 (a) Informant Mrs. Lena Ray.

(b) Address 3718 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral.

Location

18 (a) Funeral director Thurwood R. Sopoda

(b) Address 3665 W. Baltimore St.

19 (a) MAY 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1941 at 3.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941 to May 7 1941 and that I last saw him alive on May 7 1941.

Immediate cause of death	Duration
Cardio-renal-vascular disease	
Due to Chronic Myocarditis	
Myocardial Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. N. Wilson M. D.

Address 617 W. 40th St Date signed 5/7/41

Howard J. Wilson M. D.

F 80446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A Registered No.

F 80446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Rawles

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	Fe	Wh	widow

6 (b) Name of husband or wife Harry C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1880

8. AGE: Years	Months	Days	If less than one day
61	1	19	hr. min.

9. Birthplace Clark County, Virginia (Town, County and State)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Riddle Royston
13. Birthplace Virginia

MOTHER
14. Maiden Name Kate Stumpf
15. Birthplace Winchester, Virginia

16 (a) Informant Mrs. Helen Douglas
(b) Address 12 York Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 9 - 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 11:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Blandell Gift M.D. Medical Examiner.
Date signed 5/7/41

F 80447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1243

F 80447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 N Calvert. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia D. Sellman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Wesley W. Sellman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1880

8. AGE: Years 60 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Mathew W. Donovin
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary A. Berry
15. Birthplace Balto Md.

16 (a) Informant Mr. Wesley W. Sellman
(b) Address 2837 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 9 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1941 to 5-8 1941, and that I last saw her alive on 5-8- 1941.

Immediate cause of death: Gast. Operative Shock — Duration: —
Due to: Carcinoma of Liver — Duration: —
Due to: — Duration: over
Other Conditions: Jaundice & Ascites — Duration: —
(Include pregnancy within 3 months of death)

Date of operation 5-9-41

Major findings of operation: Carcinoma of Liver

of autopsy: Carcinoma Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fuller B Whitworth M. D.
Address MC Gen Hosp Date signed 5-8-41

VS 3

F 80448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 150

F 80448
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MON.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3142 ELMORA AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MISS REBECCA S. STIEG

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	20	hr. min.

9. Birthplace Parkton, Maryland
(Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Public School

FATHER
12. Name William D. Stieg
13. Birthplace York, Penna.

MOTHER
14. Maiden Name Lillie V. Bowman
15. Birthplace Harrisburg, Penna.

16 (a) Informant Miss L. May Stieg
(b) Address 3142 Elmora Avenue

17 (a) Burial (b) Date thereof 5/12/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 9 - 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1941, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1941, to 5-8 1941, and that I last saw her alive on 5-7 1941.

Immediate cause of death
Primary Carcinoma of Breast & Pulmonary Metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 9 wks.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Tyson M.D.
Address St. Joseph's Hosp. Date signed 5-8-41
(J. B. LEARY)

VS 3

If any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 80449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Maine Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Jane Tyndall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John A. Tyndall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 9, 1852

8. AGE: Years: 88 | Months: 8 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Sussex Co., Delaware (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Jackson Dolby
13. Birthplace: Delaware

MOTHER
14. Maiden Name: ? Phillips
15. Birthplace: Delaware

16 (a) Informant: Mrs. P. T. Harden
(b) Address: 3922 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)
(c) Cemetery or crematory
Location: Georgetown, Delaware

18 (a) Funeral director: Wm. J. Tuckerman
(b) Address: Wood & Pa ave.

19 (a) MAY 9 - 1941 (Date registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchopneumonia
Due to: Cerebral Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. M. Skelpick M.D.
Medical Examiner.
Date signed 5/8/41

VS 6

F 80450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4327 Park Heights Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4327 Park Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-13

3 (a) FULL NAME Charles Frederick Vogt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widower

6 (b) Name of husband or wife Louise E. Vogt
6 (c) If alive, give age 1855 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1885

8. AGE: Years	Months	Days	If less than one day
85	6	27	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Butcher - self
11. Industry or business Retired 20 years

FATHER
12. Name Jacob Vogt
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Erbe
15. Birthplace Germany

16 (a) Informant Miss Margaret A. Vogt
(b) Address 4327 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Fuhrmann & Sons
(b) Address North & Pa. Ave.

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MAY 9 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 7:50 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic C-V disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelly M.D. Medical Examiner
Date signed 5/8/41

M. D. B. 1963-0

F 80451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80451

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N. Patterson Pk Ave Ward 4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Hawkins Ammon

(a) Residence: No. 1231 N. Patterson Pk Ave St., ... Ward. 4th S.S.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Catherine Ammon

6. DATE OF BIRTH (month, day, year): Nov. 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mill

10. Date deceased last worked at this occupation (month and year): Dec 1938

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): York Pennsylvania

FATHER

13. NAME: William Ammon

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Hawkins

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Estelle Ammon

(Address) 1231 N. Patterson Pk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bath. Cemetery Date: 5/10/1941

19. UNDERTAKER: E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave Huntington Woodlawn, Md.

MAY 9 - 1941

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1938 to May 8, 1941

I last saw him alive on May 7 1941. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio Vascular Disease	Dec, 1938
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. Karl Shipman M. D.

(Address) 1212 N. Patterson Pk Ave.

INFORMATION CONCERNING THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80452 HEALTH DEPARTMENT—CITY OF BALTIMORE F 80452

CERTIFICATE OF DEATH √ 83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 Hansen St. 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Wren

(a) Residence: No. 648 Hansen St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Henry Wren

6. DATE OF BIRTH (month, day, year): April 10 1876

7. AGE: Years: 65 | Months: 0 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: James Williams

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah E Hill

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: William Wren
(Address) 711 S Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5-9-41 19

19. UNDERTAKER: Isaiah L. Brown & Co
(Address) 108 W Montgomery St

MAY 9 RECD 1941 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5th 19 41

22. I HEREBY CERTIFY, That I attended deceased from April 12 19 41 to May 5th 19 41

I last saw her alive on May 1 19 41 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day
Other contributory causes of importance:	
Arteria Sclerosis	about 4 yrs

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Lem Bentley M. D.

(Address) 514 N Carrollton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 80453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80453 Registered No.

1. PLACE OF DEATH: West
(a) Baltimore City, Maryland
(b) Street address 550 A Barre St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 550 W. Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Marshall

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Divorced.

6 (b) Name of husband or wife Joseph Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1880

8. AGE: Years 61 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace A A Co Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Henry Marshall
13. Birthplace Md

MOTHER 14. Maiden Name Nan Johnson
15. Birthplace A A Co Md

16 (a) Informant Lorraine Freeland
(b) Address 550 W Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaac F. Brown
(b) Address 108 W Montgomery St.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941, to May 6 1941, and that I last saw h[illegible] alive on May 6 1941.

Immediate cause of death: Cardio-Vascular Disease — Duration 1 Hr.
Due to: Cerebral Haemorrhage — 48 Hrs.
Due to: (Had slight stroke & died suddenly)
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Bell M. D.
Address Linthicum Md. Date signed 5-7-41

V8 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76-a

F 80454 Registered No.

Every item of information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Littlestown Road,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thelma Haley

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife (Aug 19, 1940) 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1940

8. AGE: Years	Months	Days	If less than one day
	8	14	hr. ..... min.

9. Birthplace Westminster, Md.
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Wilson Haley
13. Birthplace Md.

MOTHER
14. Maiden Name Lucille Price
15. Birthplace Md.

16 (a) Informant Wilson Haley
(b) Address Westminster, Md.

17 (a) Burial (b) Date thereof May 11, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Meadow Branch
Location Nr. Westminster, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

MAY 9 - 1941
(Date rec'd by registrar) (b) Huntingdon, Pennsylvania, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1941, to May 8 1941, and that I last saw HER alive on May 8 1941.

Immediate cause of death	Duration
Aplastic Anemia	
with Acute Leukopenia	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 5-8-41

80455

HEALTH DEPARTMENT—CITY OF BALTIMORE

80455

CERTIFICATE OF DEATH

V 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Woodward St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel H. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 811 Woodward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Miller

6. DATE OF BIRTH (month, day, year) Oct 12th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs Bessie Stack

(Address) 811 Woodward St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5-12 1941

19. UNDERTAKER Bernard C. Hartz

(Address) 1911 E West St

MAY 9 1941 Registrar.

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1941

22. I HEREBY CERTIFY, That I attended deceased from March 5 1941 to May 8 1941

I last saw him alive on 5-3 1941. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1936
Arteriosclerosis	1936+

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Gelbolod M. D.

(Address) 207 S. Port Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

VS 3

F 80456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 15 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 612 East Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. FULL NAME: John Wilson Elliott

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 2, 1892

8. AGE: Years: 48 Months: 6 Days: 5 If less than one day: hr. min.

9. Birthplace: Martinsburg, West Virginia
(Town, county, and state)

10. Usual Occupation: Waiter--CCC VA. Camp

11. Industry or business:

FATHER
12. Name: Emery P. Elliott
13. Birthplace: Martinsburg, W. Va.

MOTHER
14. Maiden Name: Cora Rhodes Elliott
15. Birthplace: Martinsburg, Va.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 10, 41 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Frederick Rd

18 (a) Funeral director: S. Walter May
(b) Address: 619 N. Bouldin St

19 (a) 9 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7, 1941, at 9:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1941 to May 7, 1941, and that I last saw him alive on May 7, 1941.

Immediate cause of death: Uremia — Duration: 15 days

Due to:

Due to:

Other Conditions: Pneumonia, lobar, pneumococcal, type 21
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Williams

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 5/8/41 M D

F 80457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-22-B F 80457 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver Sts.

(c) Hospital or institution: St Joseph Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 628 N. Arlington Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Forrest

3 (b) If veteran, name war

3 (c) Social Security Account No. 223-26-1298

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizebeth Forrest

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 28 | Months | Days | If less than one day hr. min.

9. Birthplace Mathews, Va. (Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER 12. Name Booker Forrest

13. Birthplace Mathews, Va

MOTHER 14. Maiden Name Sarah Smith

15. Birthplace Mathews, Va

16 (a) Informant Cecil Forrest

(b) Address 628 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 9 (day) 41 (year)

(c) Cemetery or crematory

Location Mathews, Va

18 (a) Funeral director Elroy S. Wilson

(b) Address Room Bl Smith & Hayward Bldg

19 MAY 9 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 830 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24-1941, to 5-8 1941, and that I last saw h alive on 5-8 1941.

Immediate cause of death Peritonitis — Duration

Due to Gangrenous Bowel

Due to Volvulus

Other Conditions Obstructive Jaundice Etiology Undetermined

(Include pregnancy within 3 months of death)

Major findings:

Of operations see above

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address St Joseph Hosp Date signed 5/8/41

D. Schmidt.

VS 2

Please write plainly, with ONE ENTRY IN EACH SPACE. Every item of information should be carefully supplied. The correct age is especially important.—Physicians: please write the causes of death clearly and legibly.

F 80458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80458

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5 E. Randall St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DEACEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5 E. Randall St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta M. Dorr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed.

6 (b) Name of husband or wife Peter Dorr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1855

8. AGE: Years	Months	Days	If less than one day hr.	min.
87	8	26		

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name String

13. Birthplace Germany

MOTHER 14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Dr. J. F. Hawkins

(b) Address 16 Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director J. F. McCauley

(b) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MAY 9 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to May 8 1941.

and that I last saw h[illegible] alive on May 7, 1941.

Immediate cause of death Acute Endocarditis

Due to Bacterial myocarditis

Due to Arteriosclerosis

Duration
5 days
1 yr.
65 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. F. Hawkins M.D.

Address 16 Randall St. Date signed 5/10/41

F 80459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 80459

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY BRENNAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 52 | Months | Days | If less than one day hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) UNIVERSITY MEDICAL SCHOOL MAY 9 - 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) MAY 9 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

1646

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1941, at 10 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Pneumonia lobar, right middle lobe — Duration 2 DAYS

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wollenweber M.D. Medical Examiner.

Date signed 4-26-41

F 80460

MA68495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V93-D

F 80460 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 845-847 Dallas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Rawlings or Henry Mollins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1864

8. AGE: Years	Months	Days	If less than one day
77	?	?	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Pension
11. Industry or business Bethlehem Steel

FATHER
12. Name John
13. Birthplace England

MOTHER
14. Maiden Name Mariah
15. Birthplace England

16 (a) Informant Hospital Records
(b) Address Baltimore City Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] School
Location

MAY 9 - 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 9 - 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

6468

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4- 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2- 1941, to 5-4- 1941, and that I last saw h[redacted] alive on 5-4- 1941.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Gen. A-S. Hypertensive CVD	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address Balto City Hosp Date signed 5-9-41

F 80461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 80461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3413 Copley Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 3413 Copley Road (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

15-11

3 (a) FULL NAME Anna H. Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Chas. J. Wood Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/12/80

8. AGE: Years	Months	Days	If less than one day
60	6	26	hr. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)

10. Usual Occupation home duties

11. Industry or business

FATHER

12. Name Wm. P. Hamilton

13. Birthplace Md.

MOTHER

14. Maiden Name Evelyn Webb

15. Birthplace Md.

16 (a) Informant Mr. Chas. J. Wood Jr.

(b) Address 3413 Copley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemy.

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell + Sons

(b) Address 1900 Eutaw Place

19 (a) 1941 (Dates to be filled in by registrar) (b) Hamilton H. Miller Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to May 8 1941, and that I last saw her alive on May 8 1941.

Immediate cause of death	Duration
Cerebral accident	2 days
Due to Hypertension	
cardio-vascular disease	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hiram T. Steelman M.D. M. D

Address 6 E. Biddle St. Date signed

F 80462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N. Edw St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N Edw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** David Calaman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: col

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Wealthan Calaman

6 (c) If alive, ~~give address~~

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 66 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name David Calaman

13. Birthplace A. Co. Md

MOTHER 14. Maiden Name Clara Howard

15. Birthplace A. Co. Md

16 (a) Informant Lottie Brown

(b) Address 1114 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 | 10 | 41 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location

18 (a) Funeral director Geo. D. Nelson

(b) Address 1303 Presstman St

19 (a) (Registrar) (b) Residence

MAY 9 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 7 1941, and that I last saw him alive on May 7 1941.

Immediate cause of death: Cardio-nephritis — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher, M.D.

Address 4 E Monument Date signed 5-8-41

80463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80463

Registered No.

PRINT IN WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4705 Furley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4705 Furley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 ✓

3 (a) FULL NAME Maude Ellen Wainwright

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm J Wainwright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1870

8. AGE: Years	Months	Days	If less than one day
70	5	26	hr. min.

9. Birthplace Salisbury Md (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER	12. Name Don't know
	13. Birthplace Md
MOTHER	14. Maiden Name Victoria Collier
	15. Birthplace Md

16 (a) Informant Mrs Carl E Wainwright
(b) Address 622 N Elmwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

19 (a) MAY 9 1941 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938 to May 7 1941, and that I last saw he alive on May 7 1941.

Immediate cause of death: Myocardial failure
Decompensation
Due to Hypertensive cardiovascular renal disease

Duration
years

Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S Bayley
Address Belvedere Ave & Bdle Rd Date signed May 11 1941

F 80464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Laurence St. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country China

3 (a) FULL NAME Charlie Hong (65412)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Chinese	Married

6 (b) Name of husband or wife Fong See (in China)
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 1887?

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business

FATHER
12. Name unknown
13. Birthplace China

MOTHER
14. Maiden Name Unknown
15. Birthplace China

16 (a) Informant Hospital records also
(b) Address Frank Horn-(Friend) 106 N Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-12-41 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. Mowen Suc.) 108 W. North Avenue

19 (a) Date received MAY 9 1941 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 8:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1941 to May 7 1941 and that I last saw him alive on May 7 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mo. ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 5-7-41

VS 8

80465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 131-a Registered No. E 80465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 W. Redwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eva Blake

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Francis

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 9, 1912

8. AGE: Years 28 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace S. C. (Town, county, and State)

10. Usual Occupation domestic

11. Industry or business .....

FATHER 12. Name Haywood Campbell

FATHER 13. Birthplace S. C.

MOTHER 14. Maiden Name Odella Preces

MOTHER 15. Birthplace S. C.

16 (a) Informant Francis Blake

(b) Address 740 Redwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (month) (day) (year)

(c) Cemetery or crematory S. C.

Location Dillon

18 (a) Funeral director Geo. S. Kelso

(b) Address 1303 Druidman St

19 (a) MAY 9 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 8 1941, at 12:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1941, to 5-8 1941, and that I last saw h[illegible] alive on 5-8 1941.

Immediate cause of death: Uremic Coma — Duration: 3 days.

Due to Malignant Hypertension — 3 months

Due to ..... — over

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature H. Lemuel Warden M. D.

Address President Hospital Date signed 5-9-41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80466 BREVARD

HEALTH DEPARTMENT—CITY OF BALTIMORE 80466

CERTIFICATE OF DEATH ✓ 36-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Saratoga St. 4 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rufus Brevard

If U. S. Veteran specify WAR .....

(a) Residence: No. 522 W Saratoga St., Ward. No. 55 No.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of: Dona Brevard

6. DATE OF BIRTH (month, day, year): Dec 7, 1897

7. AGE: Years 43 | Months 4 5 5 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Taxidermist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year): 12-5-40

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Charlotte N

FATHER

13. NAME: Elijah Brevard

14. BIRTHPLACE (city or town) (State or country): Charlotte N

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Dona Brevard (Address) 522 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL: Burial Place Mt Calvary Date 5/10 19 41

19. UNDERTAKER: Charles H. Burkett (Address) 539 Fairmount Ave

20. FILED MAY 9 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1941 to May 8, 1941

That I last saw him alive on May 7, 1941 Death is said to have occurred on the date stated above, at 4:35 PM

The principal cause of death and related causes of importance were as follows:

Cardiac Asthma — Date of onset 12-1-40

Other contributory causes of importance: Aortic Aneurysm — Date of onset 1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Atwell Conard

(Address) 535 Dolphin St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 80467 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 80467 1 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 S. Fulton Ave
(c) Hospital or institution Franklin Square Hosp. DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie A Grove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George T. Grove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1864

8. AGE: Years 56 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Sharpsburg Wash. Co Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Jesse Price
13. Birthplace Sharpsburg Wash Co Md

MOTHER
14. Maiden Name Mary Hire
15. Birthplace Wash. Co. Md

16 (a) Informant Mr Howard Grove
(b) Address 322 E 83rd St N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 - 41 (month) (day) (year)
(c) Cemetery or crematory Knoxville Cem
Location Knoxville Md.

18 (a) Funeral director E W Longereau
(b) Address 1053 W Baltimore St

19 (a) MAY 9 - 1941 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 12.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M J Helfrich M.D.
Medical Examiner.
Date signed 5/8/41

VS 6

80468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 80468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Hyde
(If outside city or town limits, write RURAL and give town)
(d) Street No. X
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clayton Wisnom

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Margaret Wisnom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1870

8. AGE: Years	Months	Days	If less than one day
71	1	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Road Supervisor
11. Industry or business

FATHER
12. Name Alexander Wisnom
13. Birthplace Maryland

MOTHER
14. Maiden Name Temperance R. Clayton
15. Birthplace Maryland

16 (a) Informant Mr. Francis Wisnom
(b) Address Hyde, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Fork, M. E. Cem.
Location Fork, Maryland

18 (a) Funeral director Mr. Clarence E. Arthur
(b) Address Fork, Maryland

19 (a) MAY 9- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941. to May 9 1941. and that I last saw him alive on May 9 1941.

Immediate cause of death	Duration
Pulmonary Edema	2 days.
Due to Coronary Thrombosis	5 days.
Due to Arteriosclerotic Cardio-vascular disease	several yrs.
Other Conditions Cerebral thrombosis left.	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 5-9-41

VS 3

80469

JN 10814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80469

Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yr. 6mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Granby St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 yrs. years

3 (a) FULL NAME Peter Bluzat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-1867

8. AGE: Years	Months	Days	If less than one day
73	8	23	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William
13. Birthplace Russia

MOTHER
14. Maiden Name Lizzie Zomting
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk, Md.

18 (a) Funeral director John F. Lennon Son
(b) Address 901 Wallbrook St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1941, at 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25-1932 to 5-8-1941, and that I last saw h[illegible] alive on 5-8-1941.

	Duration
Immediate cause of death: Carcinoma Thoracis	3 days
Thoracis effusio sin.	1 day
Due to: Gen. A-S.	7
Hypertension CVD	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Malloy Lehane M. D.
Address 6 Cath Hosp. Date signed 5-9-41

F 80470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172B

F 80470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 853 Ostend at (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace Hereford Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name John Stevens
13. Birthplace Hereford Md

MOTHER 14. Maiden Name Louisa Jones
15. Birthplace Hereford Md

16 (a) Informant Mrs Mary Bantee
(b) Address 919 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 41 (month) (day) (year)
(c) Cemetery or crematory St Lukes at Luke
Location Hereford Md.

18 (a) Funeral director E Roy O Wilson
(b) Address 1000 Baltimore Ave Towson, Md.

19 MAY 9 - 1941 (Date Rec'd by Registrar) (b) Huntington Hollifield, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, P 1941 at 7:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on May 6 1941.

Immediate cause of death Shock — Duration 3 hrs.

Due to Volvulus of descending and sigmoid colon

Due to post operative adhesions

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 6

Major findings of operation

of autopsy: Volvulus

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Clarke Macumber M. D.
Address Memorial Hosp. Date signed 5-7-41

VS 3

80471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150

Registered No. F 80471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. F. Brennan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife B. A. Brennan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
About 68			hr. min.

9. Birthplace Milwaukee, Wis.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Maurice Flynn
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Elizabeth Culligan
15. Birthplace ----- Ireland

16 (a) Informant Joseph T. Brennan 2nd.
(b) Address Riderwood, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Calvary Cemetery
Location Milwaukee, Wis.

18 (a) Funeral director J. H. Mar[illegible]
(b) Address 865 North Calvert Street

19 MAY 9 — 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1941, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6/ 1941, to May 8, 1941, and that I last saw her alive on May 8, 1941.

Immediate cause of death	Duration
Hepatic metastases	6 mos.
Due to Cancer of the breast	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly, M. D.
Address Date signed

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 80472
Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. BROADWAY
(c) Hospital or institution:
CHURCH HOME HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County CARROLL CO.
(c) City or town WESTMINSTER
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 PENNSYLVANIA AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES W. ESSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife FLORENCE ESSON
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 12, 1880

8. AGE: Years	Months	Days	If less than one day
60	7	28	..... hr. ..... min.

9. Birthplace MARYLAND
(Town, county, and state)
10. Usual Occupation INSURANCE AGENT
11. Industry or business

FATHER
12. Name LES ESSON
13. Birthplace MARYLAND

MOTHER
14. Maiden Name FLORENCE HUFF
15. Birthplace MARYLAND

16 (a) Informant CHAS. W. ESSON
(b) Address WESTMINSTER, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Kriders Cem.
Location Mt. Westminster, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

19 (a) MAY 10 1941 (Date received by registrar)
(b) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 10 1941, at 3 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 2 1941, to MAY 5 1941, and that I last saw him alive on MAY 4 1941

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration 1 MIN.
Due to METASTATIC CARCINOMA, PROS. — 2 YRS.?
Due to TATIC IN ORIGIN
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Cole
Address CHH. Hosp. Date signed 5/10/41

80473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 - # E 80473 Registered No.

PLEASE TYPEWRITE, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2133 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN P. SCHMIDT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1st, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	67	hr. min.

9. Birthplace Berlin, Germany (Town, county, and state)
10. Usual Occupation Retired Foreman
11. Industry or business U.S. Government

FATHER
12. Name John P. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. John P. Schmidt
(b) Address 3109 Elm Grove Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 621 St. Paul St

MAY 10 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ or Inquiry thereon and from the evidence obtained by said ~~Autopsy~~ or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Illuminating Gas Poisoning	
Due to Suicide	
Due to Mental Despondency	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 8, 1941
(c) Where did injury occur? 2133 Vine St Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Kitchen Gas stove

23. Signature H. L. Wolfenstein M.D. Medical Examiner.
Date signed 5-8-41

VS 6

80474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80474
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 Ridgefield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 Ridgefield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Virginia Parks

3 (b) If veteran, name war No

3 (c) Social Security Account No. [illegible]

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Frank Parks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1872

8. AGE: Years	Months	Days	If less than one day
68	5	5	hr. min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Florence Parrish
(b) Address 1949 Ridgefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director McKenna Bros
(b) Address 1217 E Fayette St

19 (c) MAY 10 1941 (d) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 8 1941 and that I last saw h[illegible] alive on May 8 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	?
Due to	
Other Conditions Auricular Fibrillation & Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Cochrane M.D.
Address 1921 W North Ave Date signed May 9, 41

VS 8

80475
MA 32213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

F 80475
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 1 mo 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Barnett, Jr.

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24th 1874

8. AGE: Years	Months	Days	If less than one day
66	11	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Barnett
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Marion Ginnavan
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 10 41 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

MAY 10 1941 Huntington Williamsport Md
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1941, at 1.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941, to 5-8 1941, and that I last saw him alive on 5-7 1941.

Immediate cause of death	Duration
Pulmonary tbc ?	14?
Due to Idiopathic epilepsy	2
Due to	
Other Conditions Pyelonephritis fracture left	23 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-15 41
(c) Where did injury occur? Baltimore City Hospitals Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Infirmary B.C.H. While at work? no
(Specify type of place)
(e) Means of injury Fell while having convulsion

23. Signature Sidney R. Hecht M.D.
Address Balto City Hosp. Date signed 5-8-41

Howard J. Andersen M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. E 80476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Mansel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Mansel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josefina Eva Lima

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh.	Widowed

6 (b) Name of husband or wife Anton Lima
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1859

8. AGE: Years	Months	Days	If less than one day
81	5	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Volker
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Fleck
15. Birthplace Germany

16 (a) Informant Edward M. Lima (son)
(b) Address 639 East 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Hill
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) 5-10-1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death: Generalized arteriosclerosis — Duration
Due to: Senility
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Huntington Williams M.D. Medical Examiner.
Date signed 5/7/41

VS 6

F 80477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 80477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 St. Paul st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 St. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME S. Olivia Wilbon

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ John Thomas Wilbon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24th 1861

8. AGE: Years 79 | Months 6 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name James T. Gorsuch

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary A Ford

15. Birthplace

16 (a) Informant Mrs William Rouse

(b) Address 1810 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1219 St. Paul St

(c) Date received by registrar MAY 10 1941 Registrar Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1941, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7th 1941, to May 8th 1941, and that I last saw her alive on May 4th 1941.

Immediate cause of death Cerebral thrombosis

Duration

Antecedent causes

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Wallace Wilds M. D.

Address 3005 St. Paul St. Date signed 5-9-41.

80478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 80478 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Wertz

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Claude A. Wertz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1913

8. AGE: Years	Months	Days	If less than one day
28	2	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Alex Whitlow
13. Birthplace Va.

MOTHER
14. Maiden Name Nannie Whitlow
15. Birthplace

16 (a) Informant Claude A. Wertz
(b) Address 728 W. Lexington St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Morland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Baltimore St

MAY 10 1941 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1941, at 12:01 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to May 8 1941, and that I last saw her alive on May 8 1941

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature David Schneider
Address 1214 Madison Ave Date signed 5-9-41 M. D.

VS 3

80479 OF 65871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. E 80479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 S. Hanover Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Arrildt

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Matilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1868

8. AGE: Years 73 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Old Age Pension

11. Industry or business

FATHER
12. Name: Charles (d)
13. Birthplace: Denmark

MOTHER
14. Maiden Name: Caroline
15. Birthplace: Berlin

16 (a) Informant: Records
(b) Address: B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Dan Hill
Location A.A.Co. Md.

18 (a) Funeral director McClean Cook
(b) Address 1217 St. Paul St.

19 (a) Date received by Registrar MAY 10 1941 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 19 41, at 7.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 19 41, to 5-9 19 41 and that I last saw h[illegible] alive on 5-9 19 41

Immediate cause of death	Duration
Carcinoma of rectum	2
Recto-vesical fistula	2
Due to Perforation Recto-vesical fistula	24 hrs.
Due to Generalized peritonitis	24 hrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations See above
Exploratory Laparotomy - 5-9-41
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jeffrey R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-9-41

F 80480

OF 65794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 80480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Samuel Banks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1894

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Layfield (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie ? (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Cross & Dickson
(b) Address 1000 Edmondson Ave

MAY 10 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9- 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6- 1941, to 5-9- 1941, and that I last saw h[illegible] alive on 5-9- 1941.

Immediate cause of death	Duration
Uremia	7
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Lebstein M. D.
Address Balto City Hosp. Date signed 5-10-41

80481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 80481

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1144 E. Fombard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1144 E Fombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Artis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-9515

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14 - 1917

8. AGE: Years	Months	Days	If less than one day
23	6	24	hr. min.

9. Birthplace Chuckatuck Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Fertilizer

FATHER
12. Name Chas. Artis
13. Birthplace Chuckatuck Va

MOTHER
14. Maiden Name Arleans Edwards
15. Birthplace Chuckatuck Va

16 (a) Informant Arlean Manley
(b) Address 1144 E. Fombard Street

17 (a) Burial (b) Date thereof 5/12/41
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Suffolk, Va.

18 (a) Funeral director Floyd Wilson
(b) Address 1000 Bradley Ave

MAY 10 1941
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1941, at 11:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — **Duration**

Chronic Hypertrophied Degeneration

Due to

Due to

Other Conditions Hypertrophy & Dilatation

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5/8/41

over

F 80482

F 80482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 yrs 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 W. Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Frank Sternad

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Katie Emma (nee Arofel)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8, 1875

8. AGE: Years	Months	Days	If less than one day
66	0	28	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Sign Painter

11. Industry or business Own Business

FATHER
12. Name Sternad
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Hyronimus Kahler
(b) Address 1339 Herkimer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Nitzke
(b) Address 401 E. Hamburg St. Hunting Town Williamsport, Md.

19 (a) (Date rec'd by registrar) Registrar

5-10-1941

NS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1941, at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/7/41

F 80483 ✓ F 80483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Ellwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Ellwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK W. HINTERNESCH

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1870

8. AGE: Years	Months	Days	If less than one day
70	10	10	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Pattern Cutter
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Christian R. Hinternesch
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Mary ?
15. Birthplace Unknown

16 (a) Informant Miss Helen Ziemers
(b) Address 3115 Clifton A venue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. [redacted] Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 10 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1941 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to May 8 1941, and that I last saw him alive on May 8 1941.

Immediate cause of death — Duration

Chronic Myocarditis
Chronic Nephritis
Due to Arteriosclerosis and Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Joseph Tawbey, M. D.
Address 4411 S. Ellwood Av Date signed 5/9/41

F 80484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 80484

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cor. Linden & Madison Sts

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5507 Wesley Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene B. Moore

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-01-2197

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lila Buie Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1892

8. AGE: Years	Months	Days	If less than one day
48	5	14	hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business United Whalen Stores

FATHER 12. Name Clarence E. Moore

13. Birthplace Kentucky

MOTHER 14. Maiden Name Mattie Bedford

15. Birthplace Kentucky

16 (a) Informant Mrs. Lila B. Moore

(b) Address 5507 Wesley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

19 (a) MAY 10 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1941, at 1:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1941, to May 8 1941, and that I last saw him alive on May 8 1941.

Immediate cause of death: Paralytic ileus & intestinal obstruction following operation

Due to appendicitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Acute appendicitis

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. J. Coffman

Address Md. General Hosp. Date signed 5/8/41

F 80485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 80485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (~~1605 1/2 N Carrollton Ave~~ 2104 Fleet) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R McCrea

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-14-8681

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Maxville Penna (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Merchant Marine

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Virginia McC Wilson
(b) Address 201 E. Joppa Rd Towson Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/10/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

(c) (Date received by Registrar) MAY 10 1941 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute Alcoholism
Burns

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 5/9/41
(c) Where did injury occur? 7196 Harford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Hands caught between Capstan

23. Signature H. Wardlaw Hayes M.D.
Medical Examiner.
Date signed 5/10/41

VS 6

Home not afire

F 80486

OF 65350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-A

F 80486

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 342 Bloom Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Seperated

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1901

8. AGE: Years 39 | Months 11 10 | Days 11 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business unemployed

FATHER 12. Name Edward Warner

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Fannie Wells

MOTHER 15. Birthplace Virginia

16 (a) Informant Records

(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-41 (month) (day) (year)

(c) Cemetery or crematory St. Marks

Location Towson, P.O. Co. Md.

18 (a) Funeral director Archibald A. Radpus

(b) Address 2101 McCulloh St

19 (a) MAY 10 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1941, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941, to 5-3 1941, and that I last saw her alive on 5-8 1941.

	Duration
Immediate cause of death: Carcinoma of cervix uteri — metastases	?
Due to: Bilateral pyonephrosis	?
Due to: Uremia	?
Due to: Pulmonary tuberculosis	?
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.

Address Baltimore City Hosp. Date signed 5-9-41

VS 3

80487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80487
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital, Balto., Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Taylor St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Juanita Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1940

8. AGE: Years	Months	Days	If less than one day
	8	29	hr. min.

9. Birthplace Churchton Maryland
(Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Lewis Jones
13. Birthplace Churchton, Md

MOTHER
14. Maiden Name Mary Offer
15. Birthplace Churchton Md

16 (a) Informant Mother & Father
(b) Address 18 Taylor St. Annapolis, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

MAY 9 - 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 10 1941 (b) Huntington Williams M.D.
(Filed record by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1941, at 10:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2- 1941, to 5-5 1941, and that I last saw her alive on 5-5- 1941.

Immediate cause of death	Duration
Meningitis	
Due to Tuberculosis	7 10 days
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp Date signed 5-5-41

For U. S. Census
16468

80488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 80488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Finksburg Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob S. Valentine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife Florence Valentine
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Reisterstown, Md. (Town, county, and state)
10. Usual Occupation Retired Balto transit employe
11. Industry or business

FATHER
12. Name William Valentine
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Maryland

16 (a) Informant Jacob S. Valentine
(b) Address Gamber, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 '41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm Berryman & Sons
(b) Address Reisterstown, Md

19 (a) (Signature) (b) Huntington Williams, M.D.
MAY 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1941, to May 9 1941, and that I last saw h alive on May 9 1941.

Immediate cause of death Shock — Duration

Due to Hemorrhage

Due to Transurethral prostatectomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic hypertrophy

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Meyle M.D. M. D.
Address Mercy Hosp. Date signed 5/9/41

80489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-as

F 80489 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 St Paul St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul St (If rural give location) ✓
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME ELIZABETH J. FRIES

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Archibald Fries
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3-1873

8. AGE: Years	Months	Days	If less than one day
68	3	5	hr. min.

9. Birthplace Portland Indiana (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William C. Fruson
13. Birthplace Clermont Co. Ohio

MOTHER
14. Maiden Name Eliza Liptell
15. Birthplace Delaware Ohio

16 (a) Informant Mr Eugene Fruson
(b) Address Ft Lewis, Wa

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 10-1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore Md

18 (a) Funeral director J. J. Fisher & Sons
(b) Address North Avenue

MAY 10 1941 (Date Received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 7 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	one day
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 5-8-41

F 80490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a Registered No. F 80490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 So Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 So Bethel St - 3 1/2 floor (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 yrs years

3 (a) FULL NAME James Strenk (STRENKOSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7223

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Shipyard

FATHER 12. Name Jacob Strenkowski

13. Birthplace Poland

MOTHER 14. Maiden Name Pauline Protek

15. Birthplace Poland

16 (a) Informant Jacob Strenkowski

(b) Address 612 So Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore Co

18 (a) Funeral director William Faulkner

(b) Address 148 Eastern Ave

19 (a) (Date rec'd by registrar) MAY 10 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5/9/41
(c) Where did injury occur? 612 So Bethel St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging - from overdoor frame

23. Signature Huntington Williams, M.D. Medical Examiner.
Date signed 5/13/41

F 80491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 80491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Winterling St. Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Winterling Ct.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Rose Kowalczyk

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Julius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
About 59			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Joseph Frankewic
(b) Address 102 N. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) (Date rec'd by registrar) MAY 16 1941 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1941, to May 9 1941, and that I last saw h[illegible] alive on May 9 1941.

Immediate cause of death Uraemia.
Hypertension - Cardio-Vascular Renal

Due to

Due to

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2209 Eastern Ave. Date signed May 10 41

VS 3

80492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81a

Registered No. E 80492

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norma Jean Siller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1938

8. AGE: Years 2 | Months 9 | Days 11/30 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Junior F. Siller

13. Birthplace West Virginia

MOTHER 14. Maiden Name Helen M. Schaffer

15. Birthplace West Virginia

16 (a) Informant Junior F. Siller

(b) Address 1521 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Keyser West Virginia

18 (a) Funeral director Harry H. Wiltshire

(b) Address 4101 Edmondson Ave.

MAY 10 1941 (Date) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 5 12 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death: Beta hemolytic staphylococcic septicemia

Due to: and pneumonitis due to pneumococcus Type I

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner.

Date signed 5/10/41

F 80493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 80493 47-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo7da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo7da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Rockland (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Grove Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David H. Buffum

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Ann Schubert
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1895

8. AGE: Years	Months	Days	If less than one day
45	7	24	____ hr. ____ min.

9. Birthplace Dorchester, Maine (Town, county, and state)
10. Usual Occupation American Consul to Trieste,
11. Industry or business Italy--U.S.Foreign Service

FATHER
12. Name H. A. Buffum
13. Birthplace Sommerworth, N. H.

MOTHER
14. Maiden Name Ella Ann Nute
15. Birthplace Iowa

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1941 (month) (day) (year)
(c) Cemetery or crematory Forest Glade
Location Somersworth, N.H.

18 (a) Funeral director Kelley & Glade
(b) Address 4907 York Rd.

MAY 11 1941 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1941, at 3:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1941, to May 9, 1941, and that I last saw him alive on May 9, 1941.

Immediate cause of death	Duration
Hemorrhage into left pleural cavity	1 day
Due to Carcinoma, left lung, with metastasis	7 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Buffum
Address US Marine Hospital Baltimore, Maryland. Date signed 5/10/41 M. D.

F 80494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80494

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Ramona Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Lenwald Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Ross A. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10/83

8. AGE: Years	Months	Days	If less than one day
57	6 mos	29	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry C. Lenwald
13. Birthplace Balto City

MOTHER
14. Maiden Name Margaret Appel
15. Birthplace Germany

16 (a) Informant Mrs Lawrence Otta
(b) Address 7 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipestone
(b) Address 2818 E. Baltimore

MAY 11 1941 (Date received by local registrar) Huntingtown, Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 1-50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19 41 to May 9 19 41, and that I last saw h alive on May 8 19 41.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to

Due to Arteriosclerosis & Hypertension — Duration ?

Other Conditions Heart dis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Meyer M.D.

Address 1500 E 33rd St Date signed 5-10-41

F 80495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roper Louis Foley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER 12. Name Mathew Foley
13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Roper
15. Birthplace Philadelphia

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

MAY 11 1941 (a) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1941 19 5.30a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1- 1941 to May 10 1941, and that I last saw him alive on May 9- 1941.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E Northe Ave Date signed May 10-41

F 80496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

✓ F 80496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Pimlico Race Track
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Harlem ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl L. Letmate

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-057-650

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mae D. Letmate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1892

8. AGE: Years	Months	Days	If less than one day
48	6	1	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Chauffer
11. Industry or business Yellow Cab Co

FATHER
12. Name George Letmate
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mosella Berning
15. Birthplace Balto. Md.

16 (a) Informant Mrs Mae D. Letmate.
(b) Address 3024 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-41 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cem
Location David Hill PK Balto Md

18 (a) Funeral director Mrs Chas A. G Rolde
(b) Address 2324 Edmondson Ave

19 MAY 11 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Meadows M.D. Medical Examiner.
Date signed 5-11-41

80497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 80497

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 119 W Randall St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 80

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 119 W Randall St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W Schneider

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marie E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1860

8. AGE: Years 80 | Months 9 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sea Faring

11. Industry or business E. West - Light St

FATHER 12. Name Daniel Schneider

13. Birthplace Germany

MOTHER 14. Maiden Name Christiana Scherf

15. Birthplace Germany

16 (a) Informant Henry Schneider

(b) Address 119 W Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/41 (month) (day) (year)

(c) Cemetery or crematory London Pk

Location Frederick Ave

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) MAY 1 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941 to May 9 1941, and that I last saw him alive on May 9 1941.

Immediate cause of death	Duration
Acute dilatation of heart	1 day
Due to Broncho-Pneumonia	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. E. Campbell M. D.

Address 1644 Hanover St Date signed 5/10/41

80498 OF 65489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80498

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4901 Boston Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Orlanda Parent

3 (b) If veteran, name war

3 (c) Social Security Account No. none No K.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Blanche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1883

8. AGE: Years	Months	Days	If less than one day
58	14	21	hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation Glass worker
11. Industry or business unemployed

FATHER
12. Name Salone
13. Birthplace ?

MOTHER
14. Maiden Name Sarah ?
15. Birthplace ?

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto st

19 (a) May 1 1941 (Date received by registrar) (b) Name of informant or Willis, address

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1941, at 10:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1941 to 5-9 1941, and that I last saw h[illegible] alive on 5-9 1941.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: ?
Due to: Bleeding duodenal ulcer — Duration: 2 hrs.
Due to: Diabetes mellitus — Duration: ?
Due to: Gangrene, left great toe, due to arterio sclerosis — Duration: ?
Other Conditions: Generalized arterio sclerosis ? — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5-6-41 Amputation of toe as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R Gilbert Jr M. D.
Address Baltimore City Hosp. Date signed 5-9-41

F 80499

B 80499
4138-310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balto. Gen. Hosp. 43
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible] years

3 (a) FULL NAME Frank J. Colmus Colmus

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widower

6 (b) Name of husband or wife Deceased Theresa L. Colmus 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1869

8. AGE: Years	Months	Days	If less than one day
72	3	27	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and State)
10. Usual Occupation Retired Piano Maker
11. Industry or business Piano manufacturers

FATHER 12. Name Don't Know
13. Birthplace Don't Know

MOTHER 14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant Edward L. Colmus (Son)
(b) Address 1731 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedarhill Cem.
Location Anne Arundel Co.

18 (a) Funeral director E. Howard Evans
(b) Address 1400-02 S. Charles St.

19 (a) Filed MAY 14 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 1:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1941 to 5-9 1941 and that I last saw him alive on 5-9 1941.

Immediate cause of death
Bronchopneumonia Bilateral.
Due to
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Bernstein M. D.
Address 1 E. Cold. Date signed 5-9-41

80500 OF 65211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 80500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 N. Carey Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Garner

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1882

8. AGE: Years 58 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem. Location Govanstown Hall Rd. Baltimore Co. Md.

18 (a) Funeral director John J. Feehan & Sons
(b) Address 1128 N. Eutaw St.

19 (a) (Date rec'd by registrar) (b) Harry Williams M.D. Registrar

MAY 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1941 to 5-3 1941, and that I last saw him alive on 5-3 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Pseudo-bulbar palsy	?
Due to Cerebral thrombosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-11-41

F 80501
39728 9

F 80501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 W Bradle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Lacey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-73

8. AGE: Years	Months	Days	If less than one day
68	3	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lawrence Kehee
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Toole
15. Birthplace ~~JOHNS HOPKINS HOSPITAL~~ Ireland

16 (a) Informant Records
(b) Address J H H

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Moriah
Location Baltimore Md

18 (a) Funeral director Westwood Chapel
(b) Address Fawn Grove Pa

19 (a) MAY 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1941, at 11 44 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 11 1941 and that I last saw her alive on May 11 1941.

Immediate cause of death Not definite Coronary sclerosis Hypertension. Atelectasis partial — Duration

Due to Arteriosclerosis

Due to

Other Conditions Bilateral carcinoma of ovary & metastases (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Douglas Goodwin M. D.
Address Johns Hopkins Hospital Date signed 5/11/41

V8 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 148-a

F 80502 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nellie Michalios

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife: James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9th 1906

8. AGE: Years	Months	Days	If less than one day
35	3	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles Rakport
13. Birthplace Md.

MOTHER
14. Maiden Name Emile Wilson
15. Birthplace Peoria

16 (a) Informant James Michalios
(b) Address 1100 W. Prat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director F. A. Sharrer & Son
(b) Address Westminster Md.

19 (a) MAY 19 1941 (Date rec'd) (b) Huntingtn Williamsport Md (Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1941, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1941 to 5/9 1941 and that I last saw h.e.r alive on 5/9 1941

Immediate cause of death	Duration
Carcinoma of the Cervix with generalized	
Due to metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Montagnon M. D.
Address St. Agnes Hosp Date signed 5-9-41

F 80503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135-a F 80503 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5906 Smith Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Brannan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	M	W	M

6 (b) Name of ~~husband~~ wife Mary R. Brannan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July — 1862

8. AGE: Years	Months	Days	If less than one day
78	10		hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name James Brannan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Gaury
15. Birthplace "

16 (a) Informant Mary B. Williams
(b) Address 5906 Smith Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvert
Location Baltimore Md.

18 (a) Funeral director Wilson Cox
(b) Address 1214 N. Howard St

19 (a) (Date received by Registrar) (b) Entered by Williams, M.P. Registrar

MAY 15 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7-41 19 , to 5-10-41 19 , and that I last saw h~~im~~ alive on 5-10-41 19 .

Immediate cause of death Uremia

Due to Renal sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Rode M. D.
Address University Hosp. Date signed 5-12-41

80504 F 80504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Covington St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Louise Stubbins

If U. S. Veteran specify WAR No

(a) Residence: No. 1809 Covington St St., Ward. 11 S. Ho.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 5-187

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel F. Beitzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna L. Stubbins

(Address) 1809 Covington St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place London Park Date 5/12 19 41

19. UNDERTAKER William Cook

(Address) 1217 E. Fayette St

MAY 12 1941 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1941

22. I HEREBY CERTIFY, That I attended deceased from May 7 1941 to May 10 1941

I last saw her alive on May 10 1941. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	24 hrs
Other contributory causes of importance: Cerebral Hemorrhage	3 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Campbell M. D.

5/10/41 (Address) 1644 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83-a

Registered No. F 80505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 min
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 West Coldspring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Harold Homer (Virginia) Hughes

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs Harold Homer Hughes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1905

8. AGE: Years 36 | Months 1 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name William C. Shriver
13. Birthplace Md.

MOTHER
14. Maiden Name Tamar Wirth
15. Birthplace Va.

16 (a) Informant Homer Hughes
(b) Address 306 W. Coldspring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Pinehurst Hill
Location Towson Md

18 (a) Funeral director William Cook
(b) Address 124 St Paul St

19 (a) (Date filed) (b) (Signature of registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1941, at 3:07 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2:45 AM 5-11 1941, to 3:07 AM 5-11 1941, and that I last saw her alive on 5-11 1941.

Immediate cause of death Subdural + subarachnoid hemorrhage — Duration 2 hrs.

Due to ? Aneurysm of circle of Willis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Subdural + subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 5-11-41

F 80506

396913

F 80506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md — (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1302 Hett St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 96

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

MOTHER | FATHER

12. Name John Marshall

13. Birthplace Va

14. Maiden Name Susie Thomas

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. County

18 (a) Funeral director Mrs. Ruth G. Elliott & Daughter

(b) Address 1129 N. Caroline St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1941 to May 9 1941 and that I last saw him alive on May 9 1941.

Immediate cause of death Pulmonary Edema — Duration 15 hours

Due to Cardiac Heart Disease, Cardiac Insufficiency

Due to

Other Conditions Cirrhosis of Liver

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Klemm

Address Johns Hopkins Hosp. Date signed 5/10/41 M. D.

3 4 F 80507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80507 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1403 E Biddle (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY V DUNN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: BLACK

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-39

8. AGE: Years 2 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name DUNN

13. Birthplace VA

MOTHER

14. Maiden Name VIRGINIA Rose

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location G. G. County Md

18 (a) Funeral director Mrs. Robert G. Elliott & Dgt

(b) Address 1129 N. Caroline St.

19 (a) (Date received by registrar) (b) Interment [illegible]

MAY 1 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1941, to May 10 1941, and that I last saw h[illegible] alive on May 10 1941.

Immediate cause of death: Pneumonia, lobar — Duration 3 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry P Boatberg

Address Johns Hopkins Hosp Date signed May 10 1941 M. D.

80508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 80508

CERTIFICATE OF DEATH

168

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 512 Augusta St. 5-2 Ward)
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Mabel Loretta Taylor
If U. S. Veteran specify WAR _____

(a) Residence: No. 512 Augusta St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John I. Taylor
6. DATE OF BIRTH (month, day, year): 4-8-1887
7. AGE: Years 54; Months 1; Days 1; If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____
10. Date deceased last worked at this occupation (month and year): _____
11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Hampton Va.

FATHER
13. NAME: Charley Armstead
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Clara [illegible]
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: John I. Taylor
(Address): 512 Augusta

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: 5/13 1941

19. UNDERTAKER: Lattie Gross
(Address): 1408 Ashland Ave.

20. FILED _____ Huntington Williams M.D. Registrar.

MAY 12 1941

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-9-1941

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1941, to 5/9 1941
I last saw her alive on 5/9, 1941. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Duration: 10 days
Bed Pleurisy
non. Tuberculosis??
Other contributory causes of importance: Indefinite

Was an operation performed? _____ Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Jas. R. Blake M. D.
(Address) 327 N. Central

80597 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No. F 80509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 MAY St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Camper
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-05-5753

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-1886

8. AGE: Years	Months	Days	If less than one day
54 55	11	21	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation W.P.A. Laborer
11. Industry or business

FATHER
12. Name WM Camper
13. Birthplace Md

MOTHER
14. Maiden Name Marcella Jones
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/12-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore Md

18 (a) Funeral director Lattie Gross
(b) Address 1408 Ashland Ave

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 2 1941 to MAY 8 1941, and that I last saw him alive on MAY 8 1941.

Immediate cause of death UREMIA — Duration 2 Days

Due to Hypertensive Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Enlarged heart. Chronic nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hilton Klein

Address Johns Hopkins Hosp. Date signed M 5 D 8/41

F 80510

F 80510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 Forest St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Forest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Agnes McNulty

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-2458

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1897

8. AGE: Years	Months	Days	If less than one day
43	10		hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business Business

FATHER
12. Name James H. Conroy
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ann Geraghty
15. Birthplace Ireland

16 (a) Informant Mary Brennan
(b) Address 1102 Forest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1941 (month) (day) (year)
(c) Cemetery or crematory Mem. Gathland
Location 3400 Old Frederick Rd

18 (a) Funeral director Thomas J. Kenny
(b) Address 1600 Hollins St.

19 (a) MAY 9 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941, to May 10 1941, and that I last saw h[illegible] alive on May 9 1941.

Immediate cause of death — Hemorrhage of Left Middle Cerebral Artery with R. Hemiplegia — Duration 8 days

Due to Arterial Hypertension [illegible] — Duration ?

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Geraghty M.D.
Address 10 E Biddle Date signed 5/11/41

F 80511

SS 65286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V52-D

F 80511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Elliott Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Matajczak

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5083

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 3 1893

8. AGE: Years	Months	Days	If less than one day
53	7	7 3	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Stevedor

11. Industry or business ?

FATHER
12. Name Andrew
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Tobot
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-13-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John J. Tuohy
(b) Address 2824 Hudson St

19 (a) [illegible] (Signature of person who supplied data) (b) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-41 1941, at 7.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941, to 5-10 1941, and that I last saw him alive on 5-10 1941.

Immediate cause of death	Duration
Carcinoma of the urinary bladder & metastases	24 hrs. ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-10-41

F 80512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-t

F 80512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. Rutland Av.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. Charles St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Katzoff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Rae Katzoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
50	4 9		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Jacob Katzoff
13. Birthplace Russia

MOTHER
14. Maiden Name Anna —
15. Birthplace Russia

16 (a) Informant Rae Katzoff
(b) Address 708 N. Charles St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (month) (day) (year)
(c) Cemetery or crematory Pikesville Md.
Location Jack Lewis Inc
18 (a) Funeral director
(b) Address 1430 E. Baltimore St
19 MAY 12 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/41 19 at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/41 19 to 5/11 19 41, and that I last saw him alive on 5/11 19 41.

Immediate cause of death	Duration
Pulmonary edema	
Due to myocardial insufficiency	
Due to Coronary sclerosis	
Other Conditions Melanosarcoma - left foot & metastases Enlarged prostate, hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Jay Wilder M.D.
Address Sinai Hospital Date signed 5-12-41

VS 3

F 80513

F 80513 Mrs. Letitia Skorish

F 80513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hospital for Women

(c) Hospital or institution of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo 18 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1925 Lake Drive 903 (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Letitia Skorish

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Moses W. Skorish

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 12/16/90

8. AGE: Years 50 Months 4 Days 25 If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H W.

11. Industry or business —

FATHER 12. Name Morris H. Annan

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Rae Schaterin

MOTHER 15. Birthplace Russia

16 (a) Informant Moses Skorish

(b) Address Lake Drive 903

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-41 (month) (day) (year)

(c) Cemetery or crematory Shaarei Shalom

Location Edgewood Rd

18 (a) Funeral director Park Lawn Inc

(b) Address 1439 E. Baltimore St. Huntington Williams, M.D.

MAY 12 1941 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 19 41, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/23 19 40 to 5/11 19 41 and that I last saw h alive on 5/11 19 41.

Immediate cause of death Bronchopneumonia

Due to Carcinomatosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cuenaldzon Carcinoma

Of autopsy —

Duration: 8 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Howell E. Stout M. D.

Address Woman's Hosp Date signed 5/11/41

F 80514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

F 80514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Edgewood Rd (If rural give location)
(e) Citizen of foreign country? Edgewood Rd (Yes or No)
If yes, name country

3 (a) FULL NAME (Baby Girl) Malls (Birth F 28144)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 19 - 41

8. AGE: Years | Months | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herman L. Malls
13. Birthplace Altoona, Penna.

MOTHER
14. Maiden Name Ethel Cutsew
15. Birthplace Balto., Md.

16 (a) Informant Herman L. Malls
(b) Address 3903 Edgewood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location

18 (a) Funeral director Jack Penna Inc
(b) Address 1129 E. Balto St

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntingtown, Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 11 19 41, at 805 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 9 19 41, to 5 - 11 19 41, and that I last saw h C r alive on 5 - 11 19 41.

Immediate cause of death — Duration
Intestinal Obstruction — Congenital (6 days)
Due to Volvulus of entire small intestine
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation 5 - 9 - 41
Major findings of operation: volvulus of small intestine
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oo Dane Jr. M. D.
Address Univ. Hosp. Date signed 5-11-41

VS 3

L. Pokorny
80515 Northwood

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

1 x 0 F 80515
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Soucek

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Marie Soucek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1864

8. AGE: Years	Months	Days	If less than one day
76	7	1	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Garage attendant
11. Industry or business

FATHER 12. Name Joseph Soucek
FATHER 13. Birthplace Bohemia
MOTHER 14. Maiden Name Not known
MOTHER 15. Birthplace

16 (a) Informant Marie Soucek
(b) Address 830 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 /41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md.

18 (a) Funeral director Bramble Leach & Lowe
(b) Address 900 N. Chester Street Huntington Pharmacist Md

19 (a) 12 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to May 9 1941, and that I last saw h.l.m. alive on May 9 1941.

Immediate cause of death
Acute Uraemia — Duration 4 days
Due to Cardio Vascular Renal Disease ?
Due to
Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Joseph Pokorny M. D.
Address 2200 E. Madison St. Date signed 5/10/41

F 80516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80516

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.th

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling & Johnnycake Rds (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank W. Rinehart

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Culbertson

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct 29. 1871

8. AGE: Years: 69 | Months: 6 | Days: 10 | If less than one day: ____ hr. ____ min.

9. Birthplace: Cayle Penna (Town, county and state)

10. Usual Occupation: Life Insurance

11. Industry or business: Colonial Co

FATHER
12. Name: Alfred W Rinehart
13. Birthplace: Penna

MOTHER
14. Maiden Name: Unknown
15. Birthplace: —

16 (a) Informant: Mrs Sarah Rinehart
(b) Address: Rolling & Johnnycake Rds

17 (a) Rural (Burial, cremation, or removal) (b) Date thereof: May 12. 1941 (month) (day) (year)

(c) Cemetery or crematory: Mt Zion
Location: Mt Zion. Bg. County

18 (a) Funeral director: Thos. J. Keaney
(b) Address: 1600 Hollins St.

19 (a) MAY 12 1941 (b) [illegible] Registrar

Date rec'd by registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/9- 1941, at 12 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1- 1941, to 5/9- 1941, and that I last saw him alive on 5/9- 1941

Immediate cause of death: Coronary Thrombosis — Duration

Due to:

Due to:

Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward Carter M.D.
Address: 1145 W Balto Date signed: 5/12-41

80517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80517

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED: —
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John Dallas Foote

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1287

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Dorothy Foote

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 Months Days If less than one day hr. min.

9. Birthplace [illegible] (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Steel Plant

FATHER
12. Name John Foote
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Hawkins
15. Birthplace

16 (a) Informant Dorothy Foote
(b) Address 519 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 (month) (day) 41 (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Elroy Chrisman
(b) Address 6000 Baltimore

19 (a) 5/12/41 (Date rec'd by registrar) (b) Registered No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1941 to 5/10 1941 and that I last saw him alive on 5/10 1941.

Immediate cause of death: Cancer of Lung. — Duration: ?

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature C. N. Pigott. M. D.

Address 1536 W. Lanvale St Signed 5/12/41

F 80518

BALTIMORE CITY HEALTH DEPARTMENT

F 80518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

F 80518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address -
(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL FRANCIS RYAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1860

8. AGE: Years 80 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Michael Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Kinney
15. Birthplace Balto., Md.

16 (a) Informant Nellie Woodin
(b) Address 2211 Rogers Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wilhelm Bros.
(b) Address 1217 E. Pratt St.

19 (a) Signature of local registrar Thomas Williams, M.D. Registrar
Date received MAY 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1941, at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral embolism — Duration

Due to (operation): transurethral resection

Due to: Carcinoma of prostate

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 5-9-41

VS 6

F 80519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 65

F 80519
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 mos 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CASPER HAWKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7055.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1905

8. AGE: Years	Months	Days	If less than one day
36	1	2	hr. min.

9. Birthplace Denton, Maryland (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER
12. Name Mack Hawkins, Maryland
13. Birthplace Maryland

MOTHER
14. Maiden Name Lena Lewis
15. Birthplace Maryland

16 (a) Informant Annie Johns
(b) Address 916 Pierce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pierce ave

19 (a) MAY 12 1941 (Date received by local registrar) (b) Huntington Hitt, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 5 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Status epilepticus. — Duration: Unknown

Due to

Due to

Other Conditions Chronic alcoholism
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 5-9-41

F 80520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 80520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Latrobe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo. October, 1880)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	5			

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Emperor
13. Birthplace Va

MOTHER
14. Maiden Name Smith
15. Birthplace Va

16 (a) Informant Ella Lee
(b) Address 1400 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto & Md

18 (a) Funeral director Leighton Halstead
(b) Address 918 Lanvale St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1941, at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1941, to 5-8 1941, and that I last saw her alive on 5-8 1941.

Immediate cause of death Hypostatic pneumonia — Duration 3 days

Due to Cerebral thrombosis

Due to Arterio sclerotic cardio vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Barnes M. D.
Address Mercy Hospital Date signed 5/9/41

F 80521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80521 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Woodbourne Avenue
(c) Hospital or institution: Residence
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~ Baltimore City
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Woodbourne Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Denton Oliver Ditto

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ella Ditto
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July-30-1872

8. AGE: Years	Months	Days	If less than one day
68	9	10	____ hr. ____ min.

9. Birthplace Washington Co., Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Restaurant

FATHER
12. Name Abraham Ditto
13. Birthplace Washington Co., Maryland

MOTHER
14. Maiden Name Eleanore Oliver
15. Birthplace Washington Co., Maryland

16 (a) Informant Mrs. Ella Ditto (wife)
(b) Address 607 Woodbourne Avenue, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-12-1941 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Cemetery
Location Govans, Baltimore City.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (N. E. Cor. Howard & Lexington Sts.) Baltimore, Md. 1 Washington Place & Saratoga Avenue

19 (a) MAY 12 1941 (Date rec'd by Registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1940, to May 9 1941, and that I last saw him alive on May 8 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage.	
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl F. Benson, M.D. M. D.
Address 5111 York Rd Date signed May 10, 1941

VS 8

F 80522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 80522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Berry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Franklin Arem

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-0276

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Adelaide H. Arem
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 2 - 187X

8. AGE: Years	Months	Days	If less than one day
67	3	8	hr. min.

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name Vincent Arem
13. Birthplace Unknown

MOTHER
14. Maiden Name Harriet Neal
15. Birthplace Unknown

16 (a) Informant U. Mem. Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New Cathedral
Location

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Christopher Ave

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-1941, at 3:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy hold that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	
Due to Fractured Rib	
" Tibia & Fibula	
Due to " Skull?	
Arter.-Cranial Hemorrhage	
Other Conditions Multiple tumors	
Cerebral	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-4-1941
(c) Where did injury occur? Reisterstown Rd, bet. 37th & Berry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Thresher M.D. Medical Examiner.
Date signed 5-10-41

F 80523

MA 57304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80523

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Seneca Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Mae Redman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John O.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May ? 1879

8. AGE: Years	Months	Days	If less than one day
62		?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Benjamin
13. Birthplace ? [illegible]

MOTHER
14. Maiden Name Rachel Nenols
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Memorial & Donovan
(b) Address 3615 Eastern Ave

19 MAY 12 1941 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-1941, at 1 P. M 35

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11-1940 to 5-11-1941, and that I last saw h[illegible] alive on 5-11-1941.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Hypertensive CVD	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-11-41

80524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 80524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 S. LEHIGH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 334 S. LEHIGH ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

167

3 (a) FULL NAME ALLEN GEORGE ~~McHALEY~~ McAllick (Birth F 27555

MEDICAL CERTIFICATION AM.

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 30 1941

8. AGE: Years	Months	Days	If less than one day
0	0	10	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name STEVE McHALEY
13. Birthplace BALTO.

MOTHER
14. Maiden Name NELDA M. RODEN
15. Birthplace BALTO.

16 (a) Informant GRAND FATHER MR. RODEN
(b) Address 334 S. LEHIGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY. 12/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Tull & Zulosh
(b) Address 403 S. WOLFE ST.

(a) (Date rec'd by registrar) (b) Registrar Huntington Woods MD

20. DATE OF DEATH MAY 10 1941 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941 to May 10 1941, and that I last saw h alive on May 9 1941.

Immediate cause of death	Duration
Premature Birth	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.
Address 466 16 Eastern Ave Date signed May 10

80525 V F 80525

BALTIMORE CITY HEALTH DEPARTMENT 131-B

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 44 E. Henrietta
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 E Henrietta St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Faid

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Mary A. Faid
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 5, 1863

8. AGE: Years	Months	Days	If less than one day
78	4	5	hr. min.

9. Birthplace: Balto. Md (Town, county and state)
10. Usual Occupation: Retired Bus & Elector
11. Industry or business

FATHER
12. Name: John H. Faid
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Catherine Rayon
15. Birthplace: Balto Md

16 (a) Informant: Samuel E. Faid
(b) Address: 44 E Henrietta St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: May 13 1941 (month) (day) (year)
(c) Cemetery or crematory: Loudenslager
Location: Balto Md

18 (a) Funeral director: A. Howard Evans
(b) Address: 1400 St Paul St Baltimore Md

19 (a) (Date received by registrar) MAY 12 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941, to May 10 1941, and that I last saw him alive on May 10 1941.

Immediate cause of death	Duration
Acute dilatation of heart	5/8/41
Due to	
Due to Uraemia Nephritis	Indef.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature P. L. Campbell
Address 644 Hanover St Date signed 5/12/41

F 80526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80526

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 E.32nd.St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 E.32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Lewis

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. -------

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Conrad Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4th. 1870

8. AGE: Years 70 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace York Co. Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Keller
13. Birthplace York Co. Pa.

MOTHER
14. Maiden Name Susan----------
15. Birthplace York Co. Pa.

16 (a) Informant Mr. Milton C. Lewis
(b) Address 1801 E.32nd. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Philip Sharrig Sons
(b) Address 2044 Orleans St.

19 (a) MAY 12 194 (Date rec'd by registrar) (b) Huntingtown Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th. 1941, at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-1941, to 5-10-1941, and that I last saw her alive on 5-9-1941

Immediate cause of death — Duration

apoplexy — 3 days
Due to Arteri Sclerosis — Unknown
Due to Diabetes Mellitus — Unknown
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B. Lylent M. D.
Address 2802 Harford Ave Date signed 5-11-41

VS 3

F 80527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-0 Registered No. ✓ F 80527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Pinewood ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathryn Costin (Birth F 1870)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1940

8. AGE: Years | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Walter R. Costin
13. Birthplace Maryland

MOTHER 14. Maiden Name Ruth F. Siegfried
15. Birthplace Pennsylvania

16 (a) Informant Walter R. Costin
(b) Address 3809 Pinewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director E. Leroy Stiffler, Inc.
(b) Address 125 E. Biddle St.

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Herbert Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1941 to 5-9 1941 and that I last saw her alive on 5-8 1941

Immediate cause of death

Due to Hydrocephalus

Due to Spina bifida

Other Conditions

(Include pregnancy within 3 months of death)

Duration: Last few hours

Date of operation May 7 1941

Major findings of operation: Closure

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Reagel MacCallum M. D.
Address University Hosp. Date signed 5-14-41

VS 8

F 80528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 80528 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman ParkDrive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Ba timore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 Carroll St., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Elwood Lewis

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10,1884

8. AGE: Years	Months	Days	If less than one day
57	0	29	hr. min.

9. Birthplace Marshall Hall, Missouri (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER 12. Name James Monroe Lewis
13. Birthplace Missouri

MOTHER 14. Maiden Name Louise Clark
15. Birthplace Missouri

16 (a) Informant Records US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave Catonsville Md

18 (a) Funeral director Gambrill Inc
(b) Address 414 Franklin St

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1941, at 1:10a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1941, to May 9, 1941, and that I last saw him alive on May 9, 1941.

Immediate cause of death	Duration
Uremia	1 week
Due to Chronic myocarditis	Unknown
Other Conditions: Pulmonary tuberculosis, cavitation	Unknown
Other Conditions Chronic mitral and aortic endocarditis, rheumatic (Include pregnancy within 3 months of death)	Unknown

Date of operation
Major findings of operation: None
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Dietrich
Address US Marine Hospital Date signed 5/9/41
Baltimore, Maryland

80529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 80529
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Brentwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Brentwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERTa ROBINSON (Birth F 13719)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-40

8. AGE: Years	Months	Days	If less than one day
	9		hr. min.

9. Birthplace Baltimore
(Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eppie Robinson
13. Birthplace Balto

MOTHER
14. Maiden Name Rosetta Watkins
15. Birthplace Balto

16 (a) Informant Rosetta Robinson
(b) Address 1707 Brentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 '41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem Co
Location A. L. Co

18 (a) Funeral director Rainey Sanders
(b) Address 1412 E. Preston St

19 (a) 194 (Date received by registrar) (b) I hereby certify that I have this day registered the death of the person named above in accordance with the law. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 8:30 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular,	
Due to primary	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no other alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-9-41

F 80530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-L

F 80530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Mountain Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HILDA. I. FONDELHEIT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 23, '35

8. AGE: Years	Months	Days	If less than one day hr.	min.
5	5	13		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Carl Fondelheit
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Wilhelmina Eurich
15. Birthplace Baltimore, Maryland

16 (a) Informant Carl Fondelheit
(b) Address 202 Mountain Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director J. F. B. Shipkey & Son
(b) Address 1800 Eutaw Place

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941, at 3P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ** (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock, postoperative	
Due to Appendectomy	
Due to	
Other Conditions Chronic tonsillitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-8-41

F 80531

SS 65629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80531
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 N. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Knight

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-1302

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1902

8. AGE: Years	Months	Days	If less than one day
38	8	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Edward (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Dokin (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3800 Frederick Ave.

18 (a) Funeral director John J. Cowan & Son
(b) Address 2063 Hollins Street

19 (a) MAY 12 1941 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1941, to 5-9 1941, and that I last saw h alive on 5-9 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 hrs.
Due to: Hypertensive C. V. D.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-10-41

F 80532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1941 — Registered No. F 80532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES CUSICK

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1939

8. AGE: Years	Months	Days	If less than one day
2.	0	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name James K. Koerner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia Cusick
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs John Bell
(b) Address 915 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Mouland Mem. Park Cem.
Location Taylor Ave.

18 (a) Funeral director John J. Leaver's Son
(b) Address 901 Hollins St.

19 (a) MAY 12 1941 (Date received by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1941, at 3:30 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 11, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fell to sidewalk from moving

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-11-41

F 80533

SS 65619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 80533

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ typewriter if possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1103 N. Collington Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Meisenhalder

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4404-A

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: ~~Single~~

6 (b) Name of husband or wife: Lillie Meisenhalder

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Mar. 5th 1874

8. AGE: Years: 67 | Months: 7 ? | Days: 4 ? | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: ? Retired Pipe Fitter

11. Industry or business: Standard Oil Co.

FATHER

12. Name: ? John Meisenhalder

13. Birthplace: ? Md.

MOTHER

14. Maiden Name: ? —

15. Birthplace: ? —

16 (a) Informant: B. V. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9th 1941 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet

Location: Oldfield St. Ext.

18 (a) Funeral director: Leo G. Cook

(b) Address: 1701-03 N. Patterson Park Ave.

19 (a) MAY 12 1941 (Date received by registrar) (b) Huntington Ave. Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~May~~ 5-9 1941, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 5-9 1941, and that I last saw him alive on 5-9 1941.

Immediate cause of death: Carcinoma of the prostate & metastases — Duration: 2

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Sidney R. Gehret M.D.

Address: Baltimore City Hosp. Date signed: 5-10-41

F 80534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 Edmondson ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Edmondson ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1941

3(a) FULL NAME Joseph Sydnor

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 218-10-3656

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Nannie Sydnor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~June~~ 6 - 1879

8. AGE: Years	Months	Days	If less than one day
52	2	4	hr. min.

9. Birthplace Charlotte Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ezekiel Sydnor
13. Birthplace Va

MOTHER
14. Maiden Name Cresie ———
15. Birthplace Va

16 (a) Informant Nannie Sydnor - wife
(b) Address 1325 Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mc Katie R Williams
(b) Address

19 (a) [illegible] (b) [illegible] (Registrar)

MAY 12 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10- 1941, at 1:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiac
~~Due to~~ Disease

Due to

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 5-10-41

Social Security # 219-07-9615 ✓ F 80535

80535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N Poppleton St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary S Stewart

(a) Residence: No. 118 N Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	8 9	2 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Emanuel S Stewart

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Nancy Harris

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Emanuel S Stewart
(Address) 118 N Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 14, 1941

19. UNDERTAKER Miss Katie R. Williams
(Address) 322 N Schroeder St

20. FILED ... 19... [illegible]
MAY 12 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941, to May 10, 1941

I last saw h[illegible] alive on May 9, 1941. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/4/41
Acute myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Fleming No M. D.

(Address) 701 N. Carey St.

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. Incorrect information should be carefully supplied. Exact statement of state-CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 80536

F 80536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William King (KEENE) (65558)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7004

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1900

8. AGE: Years	Months	Days	If less than one day
40	8	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Murray King
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Jones
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) May 13 1941 Katie R. Williams, M.D. (Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 28 1941, to May 9 1941, and that I last saw him alive on May 9 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-10-41

E 80537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. E 80537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 E. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Farran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Miss M. C. Farran.
(b) Address 222 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary Dr. Funeral Home
(b) Address 501 E. 32nd St.

19 MAY 12 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 12 noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture left femur	
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident 12-5
(b) Date of occurrence 5/7/41
(c) Where did injury occur? Outside (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify home, farm, or place)
(e) Means of injury Fall & fracture

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 5/20/41

VS 6

80538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 80538

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 604 Lyndhurst St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 604 Lyndhurst St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Annie M. Heath

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband Late Stephen P. Heath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1855

8. AGE: Years	Months	Days	If less than one day
86	2	23	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None.

FATHER

12. Name Wm. Young

13. Birthplace Md.

MOTHER

14. Maiden Name Caroline Strickland

15. Birthplace Md.

16 (a) Informant Mrs. Viola Thurow

(b) Address 604 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location 3801 Frederick Road

18 (a) Funeral director Harry H. Mitzfeld

(b) Address 4101 Edmondson Ave.

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1941, at 4A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1941, to May 11 1941.

and that I last saw her alive on May 10 1941.

	Duration
Immediate cause of death: Myocardial Insuff	4 yrs
Due to Arteriosclerosis	12 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide at M

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard A. Dodd M. D.

Address 735 N. Fulton Ave. Date signed 5/12/41

VS 3

F 80539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 80539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this form only. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4026 Gelston Drive
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4026 Gelston Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME RICHARD H. CARBERRY

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary E. Carberry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 27, 1855
8. AGE: Years 85 | Months 7 | Days 12 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Police Sergeant
11. Industry or business Balto. City Police Dept

FATHER
12. Name John Carberry
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr. Richard H. Carberry,
(b) Address 4026 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. F. Daley & Sons Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 8:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4. 1941, to May 9 1941, and that I last saw h-- alive on May 9 1941.

Immediate cause of death: Coronary Thrombosis — Duration 6-days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Johnson M. D.
Address Date signed 5-10-41

80540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-a

F 80540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Georgetown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie C Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife ~~[illegible]~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 20 1887

8. AGE: Years	Months	Days	If less than one day
53	4	22	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Grocery.

11. Industry or business for. Ref

FATHER
12. Name Julius Roelling
13. Birthplace Germany.

MOTHER
14. Maiden Name Not known.
15. Birthplace Germany.

16 (a) Informant Mrs Mildred Myers
(b) Address 2831 Georgetown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14 1941 (month) (day) (year)
(c) Cemetery or crematory St Pauls. Com.
Location Ruxtontown Md.

18 (a) Funeral director Mrs Chas A. J Bohde
(b) Address 2327 Edmondson Ave

19 (a) MAY 12 1941 (b) Huntington Williams M.D. Registrar
Rec'd by Local Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941 at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5- 1941 to 5-12- 1941, and that I last saw her alive on 5-12- 1941.

Immediate cause of death Cerebral Embolism — Duration

Due to —

Due to —

Other Conditions Varicose Veins & Legs. Bilateral (Include pregnancy within 3 months of death)

Date of operation April 25 1941

Major findings of operation: Bilateral Ligation of Saphenous Veins

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Montague M. D.

Address [illegible] Date signed 5 13 41

80541
397376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-D

F 80541
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Stricker (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country STOCKTON

3 (a) FULL NAME Allen Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-6-73

8. AGE: Years	Months	Days	If less than one day
68	7	3	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Jones
13. Birthplace S. Car.

MOTHER
14. Maiden Name Caroline Jones
15. Birthplace S. Car.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)
(c) Cemetery or crematory Shupard Green Grove
Location St. Carolina

18 (a) Funeral director Haynes Sanders
(b) Address 1412 E. Preston St.

19 (a) MAY 12 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 4.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 9 1941, and that I last saw h alive on May 9 1941.

Immediate cause of death	Duration
Dissecting aneurysm of aorta ruptured into	24 hrs.
Due to pericardium	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Klumpfelter M.D.
Address Johns Hopkins Date signed 5/10

F 80542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-V

F 80542

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Belair Road St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Laurence Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 4304 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 8 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Family

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date May 13-'41 19

19. UNDERTAKER Bernard L. Finch

(Address) 1800 N Broadway

20. FILED MAY 12 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941, to May 10, 1941

I last saw h[illegible] alive on May 10, 1941. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hypertensive Vascular Disease	?

Other contributory causes of importance:

Arteriosclerosis	?
Chronic Nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan'l E. Eudan M. D.

(Address) 4200 Sheldon Ave

information should be carefully supplied. Age must be stated. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

80543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓ F 80543 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as possible. Answer every question. If none, or not applicable, write none. If unknown, or cannot be determined, write unknown. Information as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1264 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1264 Washington Blvd, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Hale

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-5150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret L. Hale
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 23, 1883

8. AGE: Years	Months	Days	If less than one day
57	10	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Car Man - B & O RR
11. Industry or business

FATHER
12. Name John Hale
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret L. Hale
(b) Address 1264 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. H. Lancaster
(b) Address 1000 N. Baltimore St.

19 (a) MAY 12 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1941, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1940 to 5/9 1941, and that I last saw him alive on 5/9 1941.

Immediate cause of death Carcinoma of stomach
Due to generalized metastases

Duration
5 mos.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lancaster M. D.
Address 679 Washington Blvd. Date signed

F 80544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80544 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer each question. Be sure to give correct age in each case. Where exact information is not known, approximate as nearly as possible. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6500 Old Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME John Frederick Guttenson (Social Security # 213-05-9043)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mrs. Therese
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9th 1876

8. AGE: Years	Months	Days	If less than one day
64	5	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto. Transit

FATHER
12. Name Conrad Guttenson
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Theresa Guttenson
(b) Address 6500 Old Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cmetery
Location Baltimore, Maryland

18 (a) Funeral director Lauraun Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 12 1941 (Date rec'd by registrar) Huntington Williams, Registrar
(b) Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1941, at 4:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1941 to 5/11 1941, and that I last saw h[illegible] alive on 5/11 1941.

Immediate cause of death	Duration
Broncho Pneumonia (terminal)	
Due to T. B. Laryngitis	3 mo
Due to Stricture of Oesophagus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations, Gastrostomy 4/26
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Rinnamon Jr M. D.
Address Mercy Hosp. Date signed 4/14/41

F 80545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 80545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Robertson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years: 41 | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: Alday Price
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Ella Hopkins
15. Birthplace: Maryland.

16 (a) Informant: Hospital records
(b) Address: University Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 15, 1941 (month) (day) (year)
(c) Cemetery or crematory: Pimlico Amd.
Location: Pimlico Annex Md.

18 (a) Funeral director: John J. Gluth
(b) Address: Ford & Orleans Sts.

19 MAY 12 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1941, to May 12 1941, and that I last saw him alive on May 11 1941.

Immediate cause of death: Bilateral pulmonary Tuberculosis with Cavitation — Duration: about 20 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Leo J. Gaver M. D.
Address University Hospital Date signed 5/14/41

80546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V92-E

Registered No. F 80546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 E Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Lamparski

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-03-5791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Francis Lamparski
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 28 - 1890

8. AGE: Years	Months	Days	If less than one day
51	1 2	12	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Box Factory

FATHER
12. Name: John Lamparski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Carolina Bukowski
15. Birthplace: Poland

16 (a) Informant: Frances Lamparski
(b) Address: 2017 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14-41 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Baltimore

18 (a) Funeral director: Fred W Ozmunski
(b) Address: 1901 Eastern Ave

19 (a) MAY 13 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1941, at 10 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 10 1941 and that I last saw h[illegible] alive on May 10-41 9 [illegible].

Duration: 10 days

Immediate cause of death
Hypostatic Pneumonia
Due to Cardiovascular Disease
Due to Endocarditis
Other Conditions Acute Cardiac Dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed May 12 41

F 80547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80547 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Winchester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Bromley

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 217-05-4684

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gladys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1896 (?)

8. AGE: Years 45 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Henry Bromley
13. Birthplace: Virginia

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Glady's Bromley
(b) Address: 1109 Winchester Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)
(c) Cemetery or crematory: Northumberland
Location: Co. Va.

18 (a) Funeral director: Thomas E. Kelson
(b) Address: 1303 Presstman St.

19 MAY 13 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 41, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Whelchel M.D.
Medical Examiner.
Date signed 5/10/41

VS 6

80548 Aydelotte V61 F 80548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside City or town limits, write RURAL and give town)
(d) Street No. 628 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Aydelotte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-1883

8. AGE: Years 57 | Months 10 | Days 7 7/23 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Valentine Dennis

13. Birthplace Md.

MOTHER 14. Maiden Name Not Known

15. Birthplace "

16 (a) Informant Sadie Johnson

(b) Address 406 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md.

18 (a) Funeral director Wm. Travers A. Handley

(b) Address 578 W. Biddle St. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 21, 1941 to May 9, 1941, and that I last saw h.r alive on May 9, 1941.

Immediate cause of death Diabetes Mellitus — Duration 1 yr.

Due to

Due to

Other Conditions Hypertension Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E. 23rd St. Date signed 5-12-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be correctly answered. Information is especially important. Physicians: please write the causes of death clearly and legibly.

F 80549 BALTIMORE CITY HEALTH DEPARTMENT F 80549

CERTIFICATE OF DEATH

V131-A Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Meine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert Meine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1858

8. AGE: Years 82 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Andrew Herpt

13. Birthplace Germany

MOTHER 14. Maiden Name Annie Sauer

15. Birthplace Germany

16 (a) Informant Anna Weyrtoff

(b) Address 1028 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location Baltimore, Md

18 (a) Funeral director Dunward D. Covington

(b) Address 21 W. 23rd St. Williamsport, Md.

19 (a) MAY 13 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1941, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to May 1941, and that I last saw her alive on May 11 1941.

Immediate cause of death	Duration
Hypertension, arteriosclerosis	
Chronic Nephritis	
Due to	
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Schwartz M. D.

Address 2301 Harlem Ave Date signed 5/12/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Answer all questions, and correct age is especially important.

V8 3

F 80550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80550 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give the information requested on all lines; if unknown, state so. Do not abbreviate. Write out the full name of the street or town. Do not use ditto marks. Be sure to answer each question. If there is no correct answer, write none, or 0. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Forest Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph S. Berney

3 (b) If veteran, name of war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia L. Berney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19 1873

8. AGE: Years	Months	Days	If less than one day
67	6	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Salesman - Tailor
11. Industry or business Trimmings

FATHER
12. Name Samuel Berney
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Mamburger
15. Birthplace Balto. Md.

16 (a) Informant Mrs. J. Berney
(b) Address 3500 Forest Pk. Ave.

17 (a) Cremation (b) Date thereof 5/14/41.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Baltimore Co., Md.

18 (a) Funeral director Baird Sondheim & Son
(b) Address 1902 Eutaw Place

19 MAY 13 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/ 1941, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1941 to 5/12 1941, and that I last saw him alive on 5/12 1941.

	Duration
Immediate cause of death Cardiac failure	over
= pleural effusion	
Uremia	
Due to L-S Ht. Dis.	
Due to Urinary Tract infection	
Other Conditions Testicular abscess	
Chronic bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas H. Cochran M. D.
Address Sinai Hospital Date signed 5/12/41

F 80551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

F 80551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2335 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Weiler Neuberger (Birth F 22875)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1941

8. AGE: Years	Months	Days	If less than one day
	3	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alvin Neuberger
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lois Greenberg
15. Birthplace Pennsylvania

16 (a) Informant Mr. Alvin Neuberger
(b) Address 2335 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto, Md

18 (a) Funeral director David Armbruster's Son
(b) Address 1907 Eutaw Pl (Huntington Mutual Aid, Inc.)

19 (a) 5 12 1941 (Date received by Registrar) (b) Registrar

MAY 13 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary hemorrhages	
Due to Enlarged Thymus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5 13 41

80552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3440 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marshall J. L. Haynes.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widower.

6 (b) Name of husband or wife Talitha C. Haynes.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1864

8. AGE: Years	Months	Days	If less than one day
76	7	5	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Howard M. Haynes.
(b) Address 3924 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/41 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Ehrenworth & Donovan
(b) Address 3615-17 Chestnut Ave

MAY 13 1941 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1941, at 11 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to May 12 1941, and that I last saw h alive on May 11 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2
Due to	
Due to	
Other Conditions Cerebral Hemorrhage	4 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crampp M. D.
Address 3123 N. Calvert St. Date signed May 13/41

F 80553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. If any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 McHenry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 McHenry St (If rural give location)
(e) If foreign born, how long in U. S. A.? 79 years

3 (a) FULL NAME Michael Belovarich

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 22-1874

8. AGE: Years 67 | Months 1 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name Stephen Belovarich
13. Birthplace Austria

MOTHER 14. Maiden Name Julia —
15. Birthplace Austria

16 (a) Informant Katherine Belovarich
(b) Address 1802 McHenry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rott & B. M. Walters
(b) Address Pratt & Fricker Sts

19 MAY 13 1941 (Date rec'd by registrar) (b) Huntingtown Calvert Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 5 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to May 12 1941, and that I last saw him alive on May 12 1941.

Immediate cause of death: Coronary occlusion — Duration: 1 yr.
Due to: arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Wilkey M. D.
Address 2030 Wilkens Ave Date signed 5/12/41

VS 3

80554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. E 80554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 Frederick av
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Frederick ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Ensey
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Stanley Ensey
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) — 1862
8. AGE: Years 79 | Months | Days | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John C Chamberlain
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Stanley Ensey
(b) Address 2320 Frederick av
17 (a) (Burial, cremation, or removal) (b) Date thereof May 13th 41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location
18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor St
19 (a) MAY 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 5 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 10 1941, and that I last saw h[illegible] alive on May 9 1941.

Immediate cause of death Hypertension Arteriosclerosis Cerebral Hemorrhage Hemiplegia — Duration
Due to
Due to
Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert C Abbott M. D.
Address 2150 Walbrook ave Date signed 5/13/41

VS 3

80553 F 80556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 E. Madison St. 10 - ✓ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude T. Pree

If U. S. Veteran specify WAR .....

(a) Residence: No. 1432 E. Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaiah Pree

6. DATE OF BIRTH (month, day, year) Nov. 2, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	57	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Rosanna Anderson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Isaiah Pree

(Address) 1432 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date May 13, 1941

19. UNDERTAKER Mrs. R. G. Elliott & Daughter

(Address) 1129 N. Carrollton St.

20. FILED MAY 13 1941 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9, 1941

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1941, to 5/9, 1941

I last saw ... alive on 5/9, 1941 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	dept 40
Other contributory causes of importance: Broncho-pneumonia	9-3-40

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Rayner Browne M. D.

(Address) 1500 E. Madison St

Rayner Browne 5/12/41

V.S.

INSTRUCTIONS—Fill in all items. If unknown, say so. Do not leave blanks except where directed. Be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80556

BALTIMORE CITY HEALTH DEPARTMENT

cc65746

CERTIFICATE OF DEATH

13-P

F 80556

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1609 Fleet St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME: Stanley Kelly ✓

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 17, 1907

8. AGE: Years 33 | Months 11 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual Occupation: Seaman

11. Industry or business

FATHER

12. Name: Stanley Kelly

13. Birthplace: Poland

MOTHER

14. Maiden Name: Veronica Domoleski

15. Birthplace: Poland

16 (a) Informant: B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1941 (month) (day) (year)

(c) Cemetery or crematory: Mt Carmel

Location: 5712 O'Donnell St

18 (a) Funeral director: Martin E. Duffel

(b) Address: Lombard & Gay Sts

19 (a) MAY 13 1941 (b) Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1941, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1941, to 5-11 1941, and that I last saw h alive on 5-11 1941.

Immediate cause of death	Duration
Pulmonary tbc.	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Howard K. Rathbun M. D.

Address: Balto. City Hosp Date signed 5-11-41

VS 3

F 80557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 80557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland LEWIS
(b) Street address 424 Louis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto LEWIS (If outside city or town limits, write NONRESIDENT and give town)
(d) Street No. 424 Louis St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gen McDonald Hampton

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6671

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace S C (Town, county, and state)

10. Usual Occupation Stone

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs Elma Smalls

(b) Address 1045 N Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location a a Co Md

18 (a) Funeral director Robert McGlennon

(b) Address 1515 McElderry St

19 (a) MAY 13 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1941 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. S. Selbach M.D. Medical Examiner.

Date signed 5/6/41

VS 6

F 80558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80558 Registered No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George's
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. German Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lellean Ingram (LILLIAM CHRISTINE INGRAM)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George Ingram
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec 18, 1895

8. AGE: Years 45 | Months 4 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Nicholas C. Lamp
13. Birthplace: Germany

MOTHER
14. Maiden Name: ? Buddenbohn
15. Birthplace: Germany

16 (a) Informant: Mr. Edwin Wm. Metzger
(b) Address: German Rd. Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory: Immanuel
Location: Baltimore, Md.

18 (a) Funeral director: Henry Sander & Son
(b) Address: North Ave. & Broadway

19 (a) 5-13-1941 (Date rec'd by registrar) (b) Certificate filed [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-10-1941, at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-1941, to 5-10-1941, and that I last saw h[illegible] alive on 5-10-1941.

Immediate cause of death: Exhausting Convulsions ? Last heart weld — Duration
Due to: uncontrolled metastasis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. H. Townshend M. D.
Address: University Hospital Date signed: 5-10-941

VS 2

F 80559

F 80559

F 80559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 Sharks Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Sharks Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FRANK JOSEPH BERKERIDGE

3 (b) If veteran, name war: WORLD

3 (c) Social Security Account No. 212-17-1936

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Fronie Bunerson
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct 21st, 1900

8. AGE: Years	Months	Days	If less than one day
40 41	6 4	20	..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business machine factory

FATHER
12. Name Marion, Berkeridge
13. Birthplace Not Known

MOTHER
14. Maiden Name Mary ?
15. Birthplace Not Known

16 (a) Informant Wife, Fronie Berkeridge
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Baltimore Jay F. Hanks

18 (a) Funeral director Henry Sander & Son
(b) Address North Ave. & Broadway

19 (a) Date received by local registrar MAY 13 1941 (b) Huntington Williams Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1941, at 12 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Sudden

Due to .....

Due to .....

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H L Wollenweber M.D.
Medical Examiner.

Date signed 5-11-41

F 80560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 80560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3318 Dorchester Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Dorchester Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

1511

3 (a) FULL NAME Mary Anna Douty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James F. Douty, Jr.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1888

8. AGE: Years	Months	Days	If less than one day
53	3	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Juffman S. Furlong
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Chickering
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. James F. Douty
(b) Address 3318 Dorchester Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) MAY 13 1941 (Date rec'd by registrar) Thurlington Matthews Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 11 1941, at 2.22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to MAY 11 1941 and that I last saw h alive on 19.

Immediate cause of death	Duration
Chronic Myocarditis	5 Mos
Due to Mitral Stenosis	25 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davis, M. D.
Address 800 W. 33rd St. Date signed

VS 3

F 80561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 80561 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Juniper Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Juniper Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac S. Field

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Rose Ellen Parsons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1860

8. AGE: Years	Months	Days	If less than one day
80	5	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Judge of Orphans Court
11. Industry or business retired

FATHER
12. Name Abiathar Field
13. Birthplace Md.

MOTHER
14. Maiden Name Penelope Healy
15. Birthplace Va.

16 (a) Informant Abiathar Wm. Field
(b) Address Northway Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) MAY 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12, 1941, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1936 to May 12 1941, and that I last saw h alive on May 12 1941.

Immediate cause of death Coronary Occlusion — Duration Immediate
Due to Arterio Sclerosis — Duration Gradual
Due to Hypertension — Duration "
Due to Myocarditis — Duration "
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Usual.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Hoody, M.D.
Address 1403 Park Avenue Date signed 5/16/41

VS 3

F 80562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-aF 80562 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the information requested on all lines, if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Maurice Finn.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1889

8. AGE: Years	Months	Days	If less than one day
51 52	8		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoe maker.
11. Industry or business

FATHER
12. Name Mendel
13. Birthplace Russia

MOTHER
14. Maiden Name Hendel Rose
15. Birthplace Russia

16 (a) Informant Mollie Finn
(b) Address 1106 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Meml Pk
Location Woodlawn Meml Pk

18 (a) Funeral director Jack Levin Dec
(b) Address 1429 E. Balto St

19 (a) MAY 13 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1941, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1941, to 5/13 1941, and that I last saw him alive on 5/13 1941.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to

Other Conditions Strangulated hernia Gangrenous small intestine
(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction & gangrenous small intestine
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Ford Lobe M. D.
Address Mercy Hosp. Date signed 5/13/41

VS 8

F 80563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

F 80563

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as completely as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4307 Revelston Rd

(c) Hospital or institution: Lenox Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 - 10 Dying Present

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Girdletree Snowhill City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 15 43

(If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Sarah Levy

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Isaac

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home

11. Industry or business None

FATHER 12. Name Maurice S. Daglenasky

13. Birthplace Poland

MOTHER 14. Maiden Name Sarah Dafnish

15. Birthplace Poland

16 (a) Informant Harry S. Levy

(b) Address 6030 Hayfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)

(c) Cemetery or crematory Ahavath Chesed

Location Wash Blvd

18 (a) Funeral director Jacob Louis Inc

(b) Address 1743 Edmondson Ave

19 (a) MAY 13 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 9.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to May 12, 1941, and that I last saw h[er] alive on May 12, 1941.

	Duration
Immediate cause of death: Myocardial insufficiency	1 week
Due to: Arteriosclerosis	
Due to:	
Other Conditions: Thrombosis of femoral	1 week

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney S. Levy M.D.

Address 2324 Eutaw Place Date signed 5/13/41

VS 3

F 80564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 80564

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	divorced

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Jacob Fisher
13. Birthplace Md

MOTHER
14. Maiden Name Florence Roberson
15. Birthplace Md

16 (a) Informant Carrie Roberson
(b) Address 1314 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wes. D. Nelson
(b) Address 1443 Presstman St.

19 (a) MAY 13 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1941, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1941, to 5-9 1941, and that I last saw h[illegible] alive on 5-9 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	?
Due to	
Other Conditions Right hemiplegia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Mussenden M. D.
Address Provident Hospital Date signed 5-16-41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct. Data for items 1 to 19 are especially important. Physicians: please write the causes of death clearly and legibly.

F 80565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119-a

F 80565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered or satisfactory support. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1257 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1257 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DENNIS J. KNIGHT (Birth F 10728)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1940

8. AGE: Years	Months	Days	If less than one day
	11	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Alexius J. Knight
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Viola Thankhaus
15. Birthplace Maryland

16 (a) Informant Alexius J. Knight
(b) Address 1257 Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director John J. Greene & Son
(b) Address 901 John St

19 MAY 13 1941 (Date received by Registrar) (Signature of Registrar) Hunter H. Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Diarrhea infantile	5 days
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D. Medical Examiner.
Date signed 5-12-41

F 80566

SS 65646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80566 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 N. Chapel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

8 1

3 (a) FULL NAME Laura Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Jeff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/1888

8. AGE: Years	Months	Days	If less than one day
52	9	2	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wesley Trusty
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Green
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 5-14-1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Q. A. Co. Md.

18 (a) Funeral director Byrd Bottomley & Knight
(b) Address 218 N. C & Eldersly St

19 (a) [illegible] (b) [illegible]
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 19 41 at 10 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1941 to 5-11 1941
and that I last saw her alive on 5-11 1941

Immediate cause of death Terminal
Broncho pneumonia
[illegible]
Due to Miliary tuberculosis
Due to Pulmonary tuberculosis
Other Conditions Secondary anemia
Tuberculous peritonitis
(Include pregnancy within 3 months of death)

Duration
19 days

Date of operation
Major findings of operation: ———
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip L. Brook M. D.
Address Balto City Hosp Date signed 5-11-41

F 80567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-6 F 80567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 E. Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B. Wroten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie Wroten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17-1860

8. AGE: Years	Months	Days	If less than one day
72	8	25	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Augustus Wroten
13. Birthplace England

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Minnie Wroten
(b) Address 2507 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Leonard J. Cuche

18 (a) Funeral director
(b) Address 2305 Washington Blvd

19 (a) MAY 13 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 6.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1941, to May 12 1941, and that I last saw him alive on May 12 1941.

Immediate cause of death Uremia — Duration 3 days

Due to Hypertensive cardio-vascular-renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Bernstein
Address So Balto Gen Hosp Date signed 5/13/41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-V

F 80568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson - R.D. #6 (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. JAMES WADE HENSELL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-6005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs. James Wade Hensell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Noah Lee Hensell
13. Birthplace

MOTHER
14. Maiden Name Florence Hensell
15. Birthplace

16 (a) Informant Etta F. Hensell
(b) Address Old Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J. Rudd
(b) Address MAY 13 1941 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1941, at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1941, to 5-12 1941, and that I last saw him alive on 5-12 1941.

Immediate cause of death: Respiratory failure — Duration —
Due to Cerebral hemorrhage — 5 days
Due to Hypertension, arteriosclerotic cardiovascular disease — years
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbit, Jr. M. D.
Address Union Memorial Hosp. Date signed 5-12-41

PLEASE WRITE PLAINLY, with ink, and DO NOT USE ABBREVIATIONS. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

VS 3

F 80569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 80569 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 Echodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Echodale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha T. Donohoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife James E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 - 1869

8. AGE: Years	Months	Days	If less than one day
73	9	17	hr. min.

9. Birthplace York Co. Pa. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name William B. Morrow
13. Birthplace Pa

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Thomas J. Barrow
(b) Address 3106 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 14 - 41 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Leonard Funeral Home

18 (a) Funeral director Leonard Funeral Home
(b) Address 3305 Raymond Rd.

19 (a) MAY 13 1941 (Date rec'd by registrar) (b) Huntington Millcastle Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 11 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to 5/11 1941. and that I last saw her alive on 5/11 1941.

Immediate cause of death Chronic Myocardial Degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Gilday, M. D.
Address 5703 Harford Rd Date signed 5/12/41

F 80570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39-c

F 80570 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Do not abbreviate. Give full name of street and number. Do not use initials. Be sure to answer all questions. Be sure to give correct age in each case. Do not leave any space blank. Be sure to give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glen Haven (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Hiss Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Terry Reidlen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1930

8. AGE: Years	Months	Days	If less than one day
10	109	13	hr. min.

9. Birthplace Syracuse, N.Y. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name John Reidlen
13. Birthplace Warners, N.Y.

MOTHER
14. Maiden Name Esther Maltby
15. Birthplace Camillus, N.Y.

16 (a) Informant Mother & Father
(b) Address 2919 Hiss Ave., Balto. County, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 15 41 (month) (day) (year)
(c) Cemetery or crematory MAPLEWOOD
Location CAMILLUS N.Y.

18 (a) Funeral director WM J. TICKNER & SON
(b) Address NORTH & PA AVES

19 (a) (Date received by registrar) (b) Filed by Registrar Williamsport, Md.

MAY 19 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1941, at 3 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1941, to 5-12 1941, and that I last saw him alive on 5-12-41 19

Immediate cause of death	Duration
Rocky Mountain Spotted Fever	12 days?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hospital Date signed 5-13-41

F 80571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-a

F 80571 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please fill in all items. Give information requested on both sides of certificate. Be sure to answer each question. If none, write none. Please give full name of street and number. Be sure that you have given the correct age in each case. Be sure that you have given the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 E. 31st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IRENE S. MARSHALL

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. H. Marshall

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 14 1890

8. AGE: Years 51 | Months 2 | Days 28 | If less than one day, hr. min.

9. Birthplace Detroit, Mich.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Mr. Brydon
13. Birthplace Ontario Canada

MOTHER
14. Maiden Name Paulena Weber
15. Birthplace Detroit, Mich.

16 (a) Informant Wm. H. Marshall (Husb)
(b) Address 1 E. 31st St. City.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 13 1941 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Chicago, Ill.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) MAY 13 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 2431 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941, to May 12 1941, and that I last saw her alive on May 12 1941.

Immediate cause of death — Duration

Peritonitis

Due to Perforation of sigmoid — 4 days

Due to Left Ovarian growth — over

Other Conditions 1st operation - Left oophorectomy 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Purul peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address St. Joseph's Hospital Date signed 5/13/41

F 80572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B Registered No. F 80572

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Edgewood Sanatarium

(b) Street address 6000 Bellona Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. 13 ds.

(e) Length of stay in Baltimore (yrs., mos., or days) About 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Pikesville

(If outside city or town limits, write RURAL and give town)

(d) Street No. --------

(If rural give location)

(e) If foreign born, how long in U. S. A.? -------- years

3 (a) FULL NAME William C. West

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 62	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER

12. Name William Christopher West

13. Birthplace Maryland

MOTHER

14. Maiden Name Dorcas Rowena Caughy

15. Birthplace Maryland

16 (a) Informant G. Page West

(b) Address Ruxton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. W. Mears and Son

(b) Address 805 N. Calvert Street

19 (a) Date rec'd by State Registrar MAY 13 1941 (b) Burial permit issued at Huntingtown, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at 3304 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 1941, to 5-13 1941, and that I last saw him alive on 12 1941.

Immediate cause of death Meningitis — Duration 4 days,

Due to Cancerous erosion over cervix with accessory infection of cervix & Pelvis

Due to Lupus erythematosus - syd

Other Conditions Xray treatments -

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nancy Dr. Leary M. D.

Address 37 W. Preston St Date signed 5-13-41

80573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 80573

Registered No.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 11 Belview Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eloise Beck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry M. Beck

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): October 18, 1890

8. AGE: Years 50 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace: Macon Georgia (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: John McBride
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Robinson
15. Birthplace: Ga.

16 (a) Informant: Harry M. Beck
(b) Address: 42 11 Belview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15/1941 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md

18 (a) Funeral director: Harry A. Comacost
(b) Address: 4204 Reisterstown Rd

19 (a) MAY 13 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1941, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1941, to May 12 1941, and that I last saw h[illegible] alive on May 12 1941.

Immediate cause of death: Cardiac Failure. Duration:
Due to: Metastatic Carcinoma
Due to: Carcinoma of Breast
Other Conditions: Pathological Fracture - Femur, Rt.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Milton F. Odell M.D.
Address: Mercy Hospital Date signed: 5/12/41

F 80574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 80574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 E. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Thomas Wilson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louisa Wilson
Nee Remmers
6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan. 11, 1869

8. AGE: Years: 72 | Months: 3 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual Occupation: Retired Lumberman

11. Industry or business:

FATHER
12. Name: James R Wilson
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden Name: Rosalie Naylor
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs Samuel T. Wilson
(b) Address: 2202 E. Chase St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15, 1941 (month) (day) (year)
(c) Cemetery or crematory: Balto. Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Thomas W. Livingston
(b) Address: New Windsor, Md.

19 (a) MAY 13 1941 (Date received by Registrar) (b) Registrar: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 10:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

	Duration
Immediate cause of death: Fractured thoracic vertebra - broken back. Severed spinal cord	
Due to:	
Brain burns - lacerations	
Other Conditions: Multiple fractures ribs Fractured both leg bones. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 5-10-1941 7:45
(c) Where did injury occur? Collington Ave & Brenton Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury: Pedestrian, struck by Automobile

23. Signature: Howard A. Lincoln M.D. Medical Examiner.
Date signed 5-11-41

F 80575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-A

F 80575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ANNE ARUNDEL
(c) City or town GLEN BURNIE, MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 THIRD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Moors

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NONE	212-16-5778	MALE	WHITE	MARRIED

6 (b) Name of husband or wife DROSCILLA MOORS (NEE SHEEHER) 6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) OCTOBER 23, 1884

8. AGE: Years	Months	Days	If less than one day
57	6	14	hr. min.

9. Birthplace ANNAPOLIS MD. (Town, county, and state)
10. Usual Occupation FORMAN
11. Industry or business MD. STATE ROADS COMM.

FATHER
12. Name THOMAS MOORS
13. Birthplace ENGLAND

MOTHER
14. Maiden Name MARY WEAVER
15. Birthplace ANNAPOLIS MD.

16 (a) Informant MRS. THOMAS J MOORS
(b) Address GLEN BURNIE MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 14, 1941 (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN MEM. PK.
Location GLEN BURNIE MD

18 (a) Funeral director Thomas W. Singleton (M.B.
(b) Address Glen Burnie, Md.

MAY 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12- 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16- 1941, to 5-12 1941, and that I last saw him alive on 5-12 1941.

Immediate cause of death: Circulatory collapse
Local phlebitis L
and septic abscess

Due to: Gastric ulcer L
Duodenal perforation 7 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Gs alone.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Lowenbach Jr. M. D.
Address University Hospital Date signed 5-12-41

F 80576 ✓ F 80576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Don't abbreviate. Don't use ditto marks. Be sure to answer every question. Where there is no entry, write "None." Do not leave blanks. Be sure to give the correct age in every case. Where the exact age is not known, the approximate age must be given. The word "about" before the age is misleading and should not be used. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3130 Rosalie Ave.
(c) Hospital or institution: ——
(d) Length of stay in hospital or inst. (yrs., mos., or days) ——
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ——
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3130 Rosalie Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Katherine Schneider.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: J. Oscar Schneider.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May-10-1867.

8. AGE: Years 74 | Months 9 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Housewife,

11. Industry or business "At home".

FATHER
12. Name J. Weyman.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant Mr. J. Oscar Schneider.
(b) Address 3130 Rosalie Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May 15-41. (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge Mem'l Park
Location .....

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) MAY 13 1941 (Date received by registrar) (b) Huntingtor Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th; 1941, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to May 12 1941, and that I last saw her alive on May 12, 1941.

Immediate cause of death: Coronary Heart Disease — Duration: 1 year

Due to Generalized Arteriosclerosis, Myocardial Insufficiency

Due to Chronic Nephritis

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Mathew Janney M. D.

Address 7101 Harford Rd. Date signed 5/13/41

80577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 80577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Marshall (Birth F 27503)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1941

8. AGE: Years	Months	Days	If less than one day
		6 5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Marshall

13. Birthplace Gallatin Tennessee

MOTHER 14. Maiden Name Hattie Williams

15. Birthplace Baltimore Md.

16 (a) Informant Hattie Marshall

(b) Address 903 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location [redacted] MAY 13 1941

18 (a) Funeral director Commissioner of Health

(b) Address For H. A. Myers

19 (a) MAY 13 1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1941, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1941 to May 5th 1941 and that I last saw her alive on May 5th 1941.

Immediate cause of death Congenital Atelactasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. King B. E. Seegar, Jr. M.D. M. D.
Address University Hospital Date signed

VS 3

6473

80578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F ✓ Registered No. F 80578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S. Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1111 Fee St.~~ 314 S. Eutaw St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Agnes Merryman

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Albert Merryman
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 11 1886

8. AGE: Years 54 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace St Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Seamstress
11. Industry or business Own Pants Shop.

FATHER
12. Name William Biles
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Amelia Sweitzer
15. Birthplace St Marys Co Md

16 (a) Informant Albert Merryman
(b) Address 314 S Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Maryland

18 (a) Funeral director C. William Leichenko
(b) Address 637 Wash Blvd

19 MAY 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1941, at 70, M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to May 12 1941, and that I last saw her alive on May 10 1941.

Immediate cause of death Carcinoma of Liver — Duration 18 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Diagnosis at Mercy Hospital
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Traverse M.D.
Address 1111 Fee Date signed 5/15/41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 80579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 Park Ave

(c) Hospital or institution: Wheeler Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2813 Woodbrook Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sophie Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 - 1861

8. AGE: Years	Months	Days	If less than one day
79	9	18	hr. min.

9. Birthplace New Brunswick Canada (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Duties

FATHER

12. Name James Cole

13. Birthplace Canada

MOTHER

14. Maiden Name Sarah Muhlmann

15. Birthplace Canada

16 (a) Informant Mrs. Helen Jones

(b) Address 2813 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 - 1941 (month) (day) (year)

(c) Cemetery or crematory Oak Grove Cemetery

Location Fall River Mass.

18 (a) Funeral director Maurice Cook Dyer

(b) Address 1602 W. North Ave

19 MAY 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 5-3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to May 11 1941, and that I last saw h.s alive on May 11 1941.

Immediate cause of death: Cardio Vascular Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred C Jones M. D.

Address 2516 Penna. Ave Date signed May 12 1941

VS 2

80580 PURDY 134a F 80580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ____
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 Rich Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Eva M. Purdy

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Wm. J. Purdy

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1867

8. AGE: Years 73 | Months 7 | Days 19 | If less than one day hr. ____ min. ____

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business ____

FATHER
12. Name John H. Murphy, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha C. Howard
15. Birthplace Baltimore, Md.

16 (a) Informant George B. Murphy
(b) Address 1241 Druid Hill Ave.

17 (a) Burial (b) Date thereof May 14, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenlawn Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1431 Druid Hill Ave.

19 (d) MAY 13 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1941, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 30 1941 to May 11 1941. and that I last saw h[illegible] alive on May 11 1941

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Pyelonephritis	11 days
Due to Nephrolithiasis	—
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Harrison Higgins M. D.
Address 1243 Madison Ave. Date signed 5/13/41

VS 2

F 80581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll.
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alton N. Bankert Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1941

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Westminster. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alton N. Bankard
13. Birthplace Maryland

MOTHER
14. Maiden Name Pinkie E. Moore
15. Birthplace Virginia

16 (a) Informant Alton N. Bankard
(b) Address Westminster. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Silocrun
Location Silocrun, Md.

18 (a) Funeral director H. Bankard
(b) Address Westminster. Md.

MAY 14 1941 (Date rec'd by registrar) (b) Burial Permit Issued

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1941 to 5-13 1941. and that I last saw h(M) alive on 5-13 1941.

Immediate cause of death: Intestinal Obstruction — Duration: 5 days (Complete)

Due to: Atresia of Sigmoid ~~Stricture~~. (Incomplete)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 5-13-41

Major findings of operation: Atresia of Sigmoid ~~Stricture~~ (Incomplete)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O'Dare M. D.
Address W. M. W. Hosp Date signed 5-13-41

F 80582 Charles Thomas. F 80582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-3-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 949 Bennett Pl

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 949 Bennett Pl

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1920

8. AGE: Years	Months	Days	If less than one day
20	8		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Thomas

13. Birthplace Md

MOTHER 14. Maiden Name Blanch Fay

15. Birthplace Baltimore Md

16 (a) Informant Mary Fay

(b) Address 949 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/41 (month) (day) (year)

(c) Cemetery or crematory Mt Lion

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) Huntingtown Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941 12:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941 to May 10 1941 and that I last saw him alive on May 10 1941.

Immediate cause of death

Pulmonary T.B. — Duration 1 yr.

Due to Angina

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 5/13/41

VS 3

F 80583

F 80583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 1102 W Saratoga St
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
.....
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife Edward Thompson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 8 / 89

8. AGE: Years	Months	Days	If less than one day
51	11	3	hr. ..... min.

9. Birthplace Thurmont, Md (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Fountain
13. Birthplace Prince Ann, Md

MOTHER
14. Maiden Name Eliza Blunt
15. Birthplace Cherkton, Md

16 (a) Informant LaRue Forrester
(b) Address 1102 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 MAY 14 1941 (Date rec'd by registrar) (b) Lennington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1941, at 10:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941, to May 11 1941, and that I last saw h alive on 5/11 1941.

Immediate cause of death Mitral Stenosis — Duration 6 Dy
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature D. N. Forrester M. D.
Address 725 Fulton Ave Date signed 5/13/41

VS 3

F 80584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/3-B

Registered No. F 80584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 Boyd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 (Johns)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Boyd St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Conner Connor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1890

8. AGE: Years 51 | Months 4 | Days 3 | If less than one day hr. min

9. Birthplace Elkridge, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name James Connor

13. Birthplace Elkridge, Md.

MOTHER 14. Maiden Name Elizabeth Waters

15. Birthplace Elkridge, Md.

16 (a) Informant Ernest Conner

(b) Address 321 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1941 (month) (day) (year)

(c) Cemetery or crematory McLaughlin Hill,

Location Elkridge, Md

18 (a) Funeral director Mrs Katie O. Williams

(b) Address 322 N. Schroeder St

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William T. Belt M.D. Medical Examiner

Date signed 5/13/41

Sweedenburg

F 80585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-D

F 80585
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Wilson Swedenburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Sarah Swedenburg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Carlisle Pa (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Cast Shop

FATHER 12. Name Wm Swedenburg

13. Birthplace S C.

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Sarah Swedenburg

(b) Address 621 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 14 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10/ 1941, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1940, to May 10 1941, and that I last saw him alive on May 10 1941.

Immediate cause of death Carcinoma of Stomach | Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 809 W. Lanvale St Date signed 5/13/41

F 80586

SS 63009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

F 80586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 1 to 19 is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 W. Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William McCray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 21 1918

8. AGE: Years	Months	Days	If less than one day
22	6	18	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer and Odd Jobs

11. Industry or business Harry Kreugers

FATHER
12. Name Brown McCray
13. Birthplace South Carolina

MOTHER
14. Maiden Name Sarah Clock
15. Birthplace South Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 (month) 10 (day) 41 (year)
(c) Cemetery or crematory Sumter South Carolina
Location South

18 (a) Funeral director Walter B. Scruggs
(b) Address 132 W. Hamburg St.

19 (a) 5-14-1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941 to 5-9 1941, and that I last saw him alive on 5-9 1941.

Immediate cause of death	Duration
Intervertebral of the thoracic vertebrae	1yr.?
Due to Paraplegia	1yr.?
Due to Pulmonary tb?	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Ehrhart Jr. M. D.
Address Baltimore City Hosp. Date signed 5-10-41

F 80587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 80587

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correctly as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: South Balto. Gen Hosp.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED: 100 Creek Alley.
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Creek alley.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Lyle

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-14-2975

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1— ? 1917

8. AGE: Years 24 | Months | Days 11 | If less than one day hr. min.

9. Birthplace Keysville Va.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name William Lyle
13. Birthplace Keysville Va.

MOTHER
14. Maiden Name Sallie Henderson
15. Birthplace Keysville Va.

16 (a) Informant Elijah Lyle.
(b) Address Edelds Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 14 41 (month) (day) (year)
(c) Cemetery or crematory Keysville Va
Location Va.

18 (a) Funeral director Walter B. Briggs
(b) Address 139 W. Hamburg St.

19 (a) MAY 14 1941 (b) (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 1 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1941, to May 12 1941, and that I last saw him alive on May 12 41.

Immediate cause of death
Pneumonitis
Due to Bronchopneumonia
Due to
Other Conditions Gonorrhea
(Include pregnancy within 3 months of death)

Duration: 3 days

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson D Pappalman M. D.
Address So Balto Gen Hosp. Date signed 5/13/41

80588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93-D

F 80588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct address, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 5102 Denmore Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Denmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Bass

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Joseph Bass
13. Birthplace Poland

MOTHER
14. Maiden Name Liba ?
15. Birthplace Poland

16 (a) Informant Mr William Cohen
(b) Address 5102 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1941 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) May 16 1941 (Date rec'd by registrar) Harrington Delaware, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1941 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1941 to May 11 1941 and that I last saw h[illegible] alive on 5/11 1941.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to: Ch Myocarditis

Due to:

Other Conditions: Breast abscess

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. G. Homstein M.D.

Address 733 Acquith St Date signed 5/13/41

F 80589

80589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. White Hall, Md. R.F.D. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Hawkins

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7 1929

8. AGE: Years	Months	Days	If less than one day
12	2		hr. min.

9. Birthplace Zion View Pa. (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name John Hawkins
13. Birthplace Kings Mills, Pa.

MOTHER
14. Maiden Name Clarice Reich
15. Birthplace Pa

16 (a) Informant John Hawkins
(b) Address White Hall Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 194 (month) (day) (year)
(c) Cemetery or crematory Bethel County Cem
Location White Hall Md.

18 (a) Funeral director Hartman Bros & Co
(b) Address New Freedom Pa.

19 (a) (Date rec'd by registrar) (b) Timothy Ottaway Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-41 19 , at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11-41 19 , to 5-12-41 19 , and that I last saw h alive on 5-12-41 19 .

Immediate cause of death	Duration
Peritonitis	
Due to Perforated appendix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Rhodes M. D.
Address University Hosp. Date signed 5-13-41

80590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80590

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 47 N. Front St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence E. Smith.

3 (b) If veteran, name war No War

3 (c) Social Security Account No. ?

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1-1902

8. AGE: Years 39 | Months - | Days 12/11 | If less than one day hr. min.

9. Birthplace Berryville Clarke Co. Va
(Town, county and state)

10. Usual Occupation Auto Salesman

11. Industry or business

FATHER
12. Name Newton F. Smith
13. Birthplace W. Va

MOTHER
14. Maiden Name Laura V. Howell
15. Birthplace Va

16 (a) Informant Newton F. Smith.
(b) Address 3213 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 15 1941 (month) (day) (year)

(c) Cemetery or crematory Green Hill
Location Berryville Clarke Co. Va

18 (a) Funeral director Peterson & Grey
(b) Address 2324 N. Charles St.

19 (a) 1941 (Date rec'd by registrar) **(b)** Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1941 at 2:0 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 1 1941, and that I last saw him alive on May 3 1941.

Immediate cause of death
acute Cardiac Infarction
acute myocardial failure

Duration 1 dy

Due to
Due to Chronic Hypertension 4 dy

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. C. Fetrow

Address 1400 E. Balto St. Date signed M. 5/13/41 D.

F 80591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80591

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1957 Perlman Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1957 Perlman Place

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruhana Learnes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lloyd Learnes

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.) June 14th 1871

8. AGE: Years: 69 | Months: 10 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER

12. Name: James Basham

13. Birthplace

MOTHER

14. Maiden Name: Dina Mary Williams

15. Birthplace —

16 (a) Informant: Lloyd Learnes

(b) Address: 1957 Perlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15th 1941 (month) (day) (year)

(c) Cemetery or crematory: Moulands Memorial Park

Location: Taylor Ave

18 (a) Funeral director: Leo D. Leook

(b) Address: 1101-03 N Patt Park Ave

MAY 14 1941 (Date received by registrar)

Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 12 1941, and that I last saw h[illegible] alive on May 12 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Arterio sclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: J Dunn Moore M. D.

Address: 3105 Belair Rd. Date signed: 5-13-41

80592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 80592 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ola Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles Smith
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) ? - ? - 1876

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. — min.

9. Birthplace Anarundel Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name Richard Parker
13. Birthplace Md

MOTHER
14. Maiden Name Priscilla Thomas
15. Birthplace Md

16 (a) Informant Thomas D. Parker
(b) Address 1410 N. Mount St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location
18 (a) Funeral director Chas O. Wilson
(b) Address 1000 Hanover Ave
19 (a) MAY 14 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-1941 at 10.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12-1-1940 to 5-11-1941 and that I last saw her alive on 5-10-1941.

Immediate cause of death	Duration
Pulmonary T. B.	6 Mo.
Due to	
Due to	
Other Conditions Unknown	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1629 N. Stricker St. Date signed 5-13-41

F 80593 (Duplicate)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 80593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Edmondson Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Archie Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Cornelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1914

8. AGE: Years	Months	Days	If less than one day
26	6	15	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Edgewood Arsenal

FATHER
12. Name Neal
13. Birthplace N. C.

MOTHER
14. Maiden Name Elizabeth Pierson
15. Birthplace N. C.

16 (a) Informant Hospital records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery or crematory
Location Dunn, N.C

18 (a) Funeral director Eugene Waters
(b) Address 1000 Brantley Ave, Wilmington, N.C.

19 MAY 14 1941 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1941, to 5-13 1941, and that I last saw h alive on 5-13 1941.

Immediate cause of death	Duration
Lung Abscess	1 month?
Due to Lobar pneumonia	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ordered

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-13-41

VS 3

80594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 80594

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mitchell & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Wabash (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ina. Marie Kell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Michael J. Kell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1897

8. AGE: Years	Months	Days	If less than one day
43	7	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Gotthelf Klein
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Wilhelmina Romig
15. Birthplace Germany

16 (a) Informant Michael J. Kell
(b) Address 3605 Wabash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Martin Fisher & Sons
(b) Address 1827 W. North Ave.

19 (a) 19[illegible] (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1941, to 5/12 1941, and that I last saw h[illegible] alive on 5/12 1941.

Immediate cause of death	Duration
Respiratory Collapse	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Bruns D.
Address St. Agnes Hosp. Date signed 5/12/41

F 80595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 30-D

Registered No. F 80595

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W Hill Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-7633

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1901

8. AGE: Years	Months	Days	If less than one day
40	9	25	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Virginia Carey
15. Birthplace Va

16 (a) Informant Emma Harris
(b) Address 13 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a a c s Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date received by registrar) (b) Registrar

MAY 12 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5. 11 1941 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5. 3 1941 to 5. 11 1941, and that I last saw him alive on 5. 11 1941.

Immediate cause of death Abdominal Hemorrhage, massive

Due to Ruptured Abdominal Aortic Aneurysm

Due to Syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Record

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Brite M. D.
Address University Hospital Date signed 5-12-41

F 80596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80596 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 Oxford St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Oxford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
31 30			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Va

MOTHER
14. Maiden Name Hannah King
15. Birthplace Va.

16 (a) Informant Hannah Davis
(b) Address 719 N. 28th St. Richmond

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-14-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County Md.

18 (a) Funeral director Adolph Valsted
(b) Address 718 Druid Hill Ave.

19 MAY 14 1941 (Date rec'd by registrar) Huntingtown Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1941, at 1.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar, left	
Due to	
Due to	
Other Conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no.
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmuller M.D. Medical Examiner.
Date signed 5-12-41

VS 6

F 80597

F 80597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2367 Payson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle Blocker.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Calvin Block

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-1886

8. AGE: Years 53 54 | Months 10 | Days 3 5 | If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name J. Ernest Tofflig
13. Birthplace Balto Md

MOTHER
14. Maiden Name Katherine Reed
15. Birthplace Balto md

16 (a) Informant Margaret Morgan
(b) Address 701 Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (month) (day) (year)
(c) Cemetery or crematory Park Wood
Location

18 (a) Funeral director Henry C Brauning & Son
(b) Address 1924 Edmondson Ave

19 (a) MAY 14 1941 (b) Registrar
(Date rec'd by Registrar)

Registered in Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1941 to May 12 1941 and that I last saw h[illegible] alive on [illegible] 12 M 41

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs
Due to Arterio Sclerosis & Hypertension	2 yrs
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin M Shook M. D.
Address 846 N Fulton Ave Date signed 5-12-41

VS 2

F 80598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D

F 80598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 E north Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie E. Heim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles E.

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 23-1883

8. AGE: Years 57 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace White Hall Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Alonza A. Leese

13. Birthplace Md.

MOTHER 14. Maiden Name Rose Brinkman

15. Birthplace Pa

16 (a) Informant Charles E. Heim

(b) Address 327 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-14-41 (month) (day) (year)

(c) Cemetery or crematory Woodland Park

Location Taylor Ave Balto County

18 (a) Funeral director Albert W. Benson

(b) Address 440 E North Ave

19 (a) MAY 14 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941, to May 11 1941, and that I last saw h cc alive on May 10 1941.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip O. Flynn, M. D.

M.P. Address 423 E. North Ave Date signed 5/12/41

F 80599
OF 60128

BALTIMORE CITY HEALTH DEPARTMENT

F 80599

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Griffith Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mary (a)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1860

8. AGE: Years	Months	Days	If less than one day
80	7	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name William Harvey
13. Birthplace Maryland

MOTHER
14. Maiden Name Sally
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 5/15/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAY 14 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1941, at 6:33 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1941, to 4-12 1941, and that I last saw h[illegible] alive on 4-12 1941.

Immediate cause of death	Duration
Benign prostatic hypertrophy	2
Due to Acute urinary retention	2
Uremia	2
Due to Hypertension C.V. disease	2
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Zahl Jr. M. D.
Address Baltimore City Hosp. Date signed 5-[illegible]-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before any burial, removal, or cremation. Any person who knowingly makes any false statement in this certificate is guilty of a misdemeanor and subject to penalty thereof. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 80600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80600 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 East North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 East North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolyn Clark Taylor

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1849

8. AGE: Years 91 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John M. Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Hopkins
15. Birthplace Maryland

16 (a) Informant Mrs. J. B. Howard
(b) Address 314 East North Ave

17 (a) Burial (b) Date thereof May 15, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Harford Co. Maryland

18 (a) Funeral director William Clark
(b) Address 1217 St. Paul St.

19 MAY 14 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1941 to May 10 1941. and that I last saw h-le alive on May 10 1941

Immediate cause of death	Duration
Chronic myocarditis	6 Yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 612 N 40 St Date signed

VS 3

F 80601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80601 Registered No. 94-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Belle Terre Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Belle Terre Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Amelia Ortel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Jacob D. Ortel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22nd 1865

8. AGE: Years	Months	Days	If less than one day
75	9	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER 12. Name Paul Gable
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Jacob D. Ortel
(b) Address 713 Belle Terre Ave

17 (a) Burial (b) Date thereof 5 14 41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAY 14 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 11 - 1941, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1938 to 5-11-1941, and that I last saw ~~her~~ alive on 5-10-1941.

Immediate cause of death Coronary occlusion — Duration 4-27-41
Due to Arteriosclerosis — Duration Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Dyhert M. D.
Address 2802 Hartford Ave Date signed 5-12-41

F 80602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 80602

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Larkin Brown (15627)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875?

8. AGE: Years	Months	Days	If less than one day
66?			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Maude ?
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) MAY 14 1941 (b) Thurlington Williams M.D.
(Date rec'd by registrar) Registrar

6474

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1941, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1886 to May 4 1941, and that I last saw him alive on May 4 1941

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard A. Rathbun M. D.
Address Balto. City Hosp Date signed 5-6-41

F 80603

397272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-E

F 80603 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:
(a) State Arizona (b) County
(c) City or town Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John LAWRENCE Hyde

3 (b) If veteran, name war

3 (c) Social Security Account No. 531-01-2765

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): 1-6-80

8. AGE: Years: 61 Months: 4 Days: 7 If less than one day: hr. min.

9. Birthplace: England (Town, county, and state)

10. Usual Occupation: Manager

11. Industry or business: International Business Machines Corp

FATHER
12. Name: John Hyde
13. Birthplace: England

MOTHER
14. Maiden Name: Emily Watson
15. Birthplace: England

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 1941 (month) (day) (year)
(c) Cemetery or crematory
Location: New York N.Y.

18 (a) Funeral director: Henry W. Jenkins Sons
(b) Address: McCulloh & Richardson

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 13 1941, and that I last saw her alive on May 13 1941.

	Duration
Immediate cause of death: Cardiac failure with	
Cardiac asthma & bronchitis	2-3 days.
Due to: Pulmonary emphysema	
and bronchial asthma	7 yrs.
Due to:	
Other Conditions: Undiagnosed tumor of right lung (include pregnancy within 3 months of death)	2 mos.

Date of operation:
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward W. Boggs M.D.
Johns Hopkins Hosp. Date signed May 14 1941

F 80604 | F 80604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-A

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2730 X. Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town St No 2730 Guilford ave
(If outside city or town limits, write RURAL and give town)
(d) State Co. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry M. Patten

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 087-12-8341

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie C. Patten
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1885

8. AGE: Years	Months	Days	If less than one day
55	9	12	hr. min.

9. Birthplace Tampa Florida (Town, county, and state)
10. Usual Occupation Marine Engineer
11. Industry or business

FATHER
12. Name Geo.(?) Patten
13. Birthplace Tampa, Fla.

MOTHER
14. Maiden Name Unknown
15. Birthplace Tampa Fla.

16 (a) Informant Marie C. Patten, wife
(b) Address 2730 Guilford ave

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof May 16-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md

18 (a) Funeral director Albert W. Peregoy
(b) Address 440 E. North Ave.

19 (a) 5-14-1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 19X1, at 6:35 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by Autopsy + Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gastric Ulcer	
Due to Perforation with Hemorrhage	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5-13-41

VS 6

F 80605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6

Registered No. F 80605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1010 Bennet Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1010 Bennet Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Daniel Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1869

8. AGE: Years 71 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Eastern Shore Md (Town, County, and State)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Claiborne Tinsley

13. Birthplace Eastern Shore Md

MOTHER 14. Maiden Name Eliza ?

15. Birthplace Eastern Shore Md

16 (a) Informant Claiborne Hawkins

(b) Address 1907 Bennet Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Presstman

19 (a) Date received by local registrar (b) Huntington for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1941 to May 12 1941, and that I last saw h alive on May 12 1941.

Immediate cause of death

Hypertensive Cardio

Due to Vascular Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. F. Hawkins M.D.

Address 608 N. Carrollton Ave. Date signed 5/14/41

F 80606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ F 80606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Whatcoat St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Waters ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1906

8. AGE: Years 34 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Accomoke City, Md (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER 12. Name Walter Waters

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Lavenya Holland

MOTHER 15. Birthplace Md

16 (a) Informant Julia Whyte

(b) Address 1218 Whatcoat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Geo L. Kelson

(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) Huntington White Burial Permit

MAY 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 12 1941, and that I last saw h alive on May 12 1941.

Immediate cause of death	Duration
Lobar pneumonia, R. lower & middle Lobes type 2	
Due to	
Due to	
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. B. Stevens M.D.

Address University Hospital Date signed 5/13/41

F 80607 ✓ F 80607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

'PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 545 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 N. Parrish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Johnson (50174)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1919

8. AGE: Years	Months	Days	If less than one day
22	1	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Pratt
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. D. Kelso
(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1941, at 9:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939 to May 13, 1941, and that I last saw her alive on May 13, 1941

Immediate cause of death: Pulmonary tuberculosis — Duration: 3yrs.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabburn M. D.
Address Balto City Hosp. Date signed 5-13-41

VS 3

F 80608 ✓ F 80608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reisterstown Rd.
(c) Hospital or institution: Mt. Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Reis. Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

15 SP

3 (a) FULL NAME ABE ROUSCH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business

FATHER
12. Name Jacob Rusch
13. Birthplace Russia

MOTHER
14. Maiden Name Molly —
15. Birthplace Russia

16 (a) Informant Mrs. Rusch
(b) Address 960 - E. 12th St. Brooklyn, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-41 (month) (day) (year)
(c) Cemetery or crematory Chevra Ahavath
Location Mt. Carmel Rd.

18 (a) Funeral director Jack Krevsky Inc
(b) Address 1739 E. Balto. St. Huntington Woods, Md.

19 MAY 14 1941 (b) Registrar
(Date rec'd, day month year)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1941, to 5/14 1941, and that I last saw him alive on 5/12 1941.

Immediate cause of death	Duration
Congestive Heart Failure	
Uremia	
Due to Arteriosclerotic CVD Disease	
Generalized Arteriosclerosis	
Due to Bronchial Asthma	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard Applefeld
Address 2511 Reisterstown Rd. (Date signed) 6/14/41

F 80609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 80609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3133 Cheeley Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3133 Cheeley Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Elizabeth Pentland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Jefferson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name -

13. Birthplace -

MOTHER

14. Maiden Name -

15. Birthplace -

16 (a) Informant Louis J. Weatherlake

(b) Address 5644 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Loraine

18 (a) Funeral director Conrad O Rinehart

(b) Address 3305 Harford Rd

19 (a) MAY 14 1941 (Date received by registrar) (b) Livingston Williamson, M.D. Address 5106 Harford Rd Date signed 5-14-41

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11-41 19 to 5-13 19 41, and that I last saw h alive on 5-13 19 41.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Livingston Williamson M.D.

Address 5106 Harford Rd Date signed 5-14-41

F 80610

F 80610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3600 White Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael A. Garrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Catherine M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1852

8. AGE: Years	Months	Days	If less than one day
88	10	14	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Michael Garrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgit Gough
15. Birthplace Ireland

16 (a) Informant Catherine M. Garrett
(b) Address 3600 White Ave

17 (a) Burial (b) Date thereof 5-15-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Vincents
Location Oakland Md

18 (a) Funeral director Leonard J. Kirk
(b) Address 5306 Harford Rd.

19 (a) (b)
[Date received by registrar] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1934 to May 12 1941, and that I last saw h[illegible] alive on May 12 1941

Immediate cause of death	Duration
Coronary occlusion	10 min
Due to Arteriosclerotic cardio-vascular renal disease	15 yrs.
Due to	
Other Conditions Senility	5 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 5-12-41

Ferguson Williams, M.D.

F 80611

80611 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5703 Fair Oaks Ave St., 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Hartmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 5703 Fair Oaks Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 19-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie C. Theiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wagner

(Address) 5601 Tramore Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5-15 1941

19. UNDERTAKER Leonard J. Rush

(Address) 5305 Harford Rd

20. FILED MAY 14 1941 19..... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1941 to May 13 1941

I last saw her alive on May 12 1941 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BREAST	1940.
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 30. 1940

For what disease or injury? CARCINOMA OF BREAST

Name of operation Removal of Rt. Breast Date of 4/30/40

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Albert J. Hemelgarn M. D.

(Address) 5744 Beland Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 80612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80612

83-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mr. George Eichhorn

3 (b) If veteran, name war .....

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Marsilka

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12 / 25 / 67

8. AGE: Years	Months	Days	If less than one day
73	4	15	..... hr. ..... min.

9. Birthplace Wash. D. C.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business .....

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Edward M. Eichhorn
(b) Address 2753 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location .....

18 (a) Funeral director Leonard Rusch
(b) Address 5305 Holland Rd

19 (a) MAY 14 1941 (b) .....
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1941, to May 13 1941, and that I last saw him alive on May 13 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation .....

.....

of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J M Colleran M.D.
Address 2025 W. Fayette St. Date signed 5-13-41
M. D.

F 80613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Golden Jefferies

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 214-05-3346

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: Effie Jefferies
6 (c) If wife, give maiden name
7. Birth date of deceased (mo., day, yr.): July 13, 1898
8. AGE: Years 42 | Months 9 | Days 27 | If less than one day: hr. min.
9. Birthplace: Newport Ky. (Town, county, and state)
10. Usual Occupation: Waiter
11. Industry or business: Emerson Hotel

FATHER
12. Name: John Jefferies
13. Birthplace: Ky.

MOTHER
14. Maiden Name: Aquilla
15. Birthplace: Ky.

16 (a) Informant: Effie Jefferies
(b) Address: 1202 Paddington Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/15/41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location

18 (a) Funeral director: Robert H. Gowen
(b) Address: 804 W. Caroline St.

MAY 14 1941 (Date rec'd by registrar) (b) Register: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1941 to 5-12 1941, and that I last saw h[illegible] alive on 5-12 1941.

	Duration
Immediate cause of death: Coronary Occlusion	14 hrs.
Due to: Hypertensive Heart Disease	?
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. Hemmeter M.D.
Address: Provident Hosp. Date signed 5-12-41

VS 3

F 80614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E

F 80614 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 S. CORNWALL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 S. CORNWALL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES RULEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife HENRY RULEY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 31 1895

8. AGE: Years	Months	Days	If less than one day
45	9 10	10 11	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE WACHTER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET KALB
15. Birthplace GERMANY

16 (a) Informant HENRY RULEY (HUSBAND)
(b) Address 433 S. CORNWALL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 15/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH MAY 11 1941, at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 11 1941 and that I last saw her alive on May 11 1941.

Immediate cause of death Myocardial Insufficiency — Duration 6 Mo
Due to Arteriosclerosis
Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elmer B Leaman M. D.
Address 718 N Patterson Pk. Date signed

VS 3

7-80615

BALTIMORE CITY HEALTH DEPARTMENT 186-a Registered No. F-80615

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Daughters of Eucharist nursing home
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Fitchett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Wd.

6 (b) Name of husband or wife John A. Fitchett
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mr. 15, 1870

8. AGE: Years	Months	Days	If less than one day
~~70~~ 71	1	27	..... hr. ..... min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael Collins
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Holland
15. Birthplace Ireland

16 (a) Informant Sister M. Cecilia
(b) Address St. Agnes Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette sts.

19 MAY 14 1941 (Date rec'd by registrar) (by) ..... Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 8:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ..... M.D.
Medical Examiner.
Date signed 5/13/41

80616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 Registered No. 80616

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green ST
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Jasper ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Lee [redacted]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 - 1864

8. AGE: Years 57 | Months | Days 7 | If less than one day hr. min.

9. Birthplace Middlesex Co. Va. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Solomon Green
13. Birthplace Middlesex Co. Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Va.

16 (a) Informant George E. Lee
(b) Address 1436 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Mrs Geo. E. Lee
(b) Address 1601 Division

MAY 14 1941 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1941, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-41 19 to 5-10-41 19 and that I last saw h e alive on 5-10-41 19

Immediate cause of death	Duration
? Cardiac failure	?
Due to Severe attack of Bronchial Asthma	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy Pulmonary Emphysema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis McLaughlin M. D.
Address University Hospital Date signed 5-14-41

VS 3

F 80617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 80617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 W. Hill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 W. Hill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence M. Meister

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	married

6 (b) Name of husband or wife George Meister
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1890

8. AGE: Years	Months	Days	If less than one day
51	2	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George Meister
(b) Address 14 W. Hill St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd.

18 (a) Funeral director Fred. A. Emmert & Son
(b) Address 1216 S. Charles St.

19 (a) (Date received by registrar) (b) Registrar

MAY 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1941, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1941 to 5/13 1941, and that I last saw h alive on 5/13 1941.

Immediate cause of death Uraemia — 2 days
Due to Chronic nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Drummond, M.D.
Address 1111 Eutaw Pl. Date signed 5/14/41

F 80618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 80618 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Green St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Santa Carlo Geppi

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1939

8. AGE: Years	Months	Days	If less than one day
1	7	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Salvator Geppi
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Concetta Battaglia
15. Birthplace Baltimore, Md.

16 (a) Informant Salvator Geppi
(b) Address 408 N. Green St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1941 (month) (day) (year)
(c) Cemetery or crematory Catherdral
Location Baltimore, Md.

18 (a) Funeral director A. Lee Elder
(b) Address 4644 York Road.

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1941, to May 13 1941, and that I last saw h[illegible] alive on May 13 1941.

Immediate cause of death Gangrene of lung

Due to Empyema

Due to Bronchopneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation – 4/9/41 Empyema – – Rib resection
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schenthal M. D.
Address Mercy Hospital Date signed 5/13/41

VS 3

F 80619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

F 80619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Anna Ullsperger

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Ullsperger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1863

8. AGE: Years 77 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace: Bavaria (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Mary F. Geraghty
(b) Address: 2203 W. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc
(b) Address: North & Pa. Avenues

MAY 14 1941 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941 to May 13 1941, and that I last saw her alive on May 13th 41.

Immediate cause of death: Coronary Embolism — Duration: 7 days

Due to: Malignancy of head of pancreas

Due to:

Other Conditions: Liver may have been involved w/ malignancy (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 2225 W. Fayette St. Date signed 5-14-41

VS 3

M. D. B 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80620

F 80620

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 ELMHURST RD St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA LOUISE DAVIS.

(a) Residence: No. 3 ELMHURST RD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM.	WHITE	WIDOWED

5a. If married, widowed, or divorced — HUSBAND (or) WIFE of ANDREW J. DAVIS. 1451

6. DATE OF BIRTH (month, day, year) DEC. 1, 1941.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	5	12/14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) NEW WINDSOR (State or country) CARROLL CO. MARYLAND

FATHER

13. NAME ELI ENGLAR.

14. BIRTHPLACE (city or town) CARROLL CO (State or country) MARYLAND

MOTHER

15. MAIDEN NAME HANNAH FOUTZ

16. BIRTHPLACE (city or town) MD. (State or country)

17. INFORMANT MRS E.E. GIBBONS

(Address) 3 ELMHURST RD.

18. BURIAL, [redacted]

Place Loudon Park Date 5/15/41 19

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.

(Address) North & Pa. Avenues

20. FILED MAY 14 1941 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 13. 1941

22. I HEREBY CERTIFY, That I attended deceased from MAY, 1938, to MAY 13, 1941

I last saw her alive on MAY 13, 1941 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCHRDITIS	
3 YEARS DURATION	

Other contributory causes of importance:

CORONARY OCCLUSION

3 HOURS.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John R. Macomber M. D.

(Address) 3524 Guilford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT—MUST BE FILLED OUT EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 80621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rutland Ave + Monument Hts

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2421 Lauretta Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Feelemyer (Feelemyer)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-09-0036

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maude V. Feelemyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1877

8. AGE: Years 64 Months 9 Days 8 If less than one day hr. min. 63

9. Birthplace Catonsville, Maryland (Town, county, and state)

10. Usual Occupation Telegraph Operator - Ret'd

11. Industry or business B. & O. R. R.

FATHER

12. Name George W. Feelemyer

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary L. McDonald

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Feelemyer

(b) Address 2421 Lauretta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1941, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1941, to 5/13 1941, and that I last saw him alive on 5/13 1941.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Heart Failure	10 yrs
Due to Arteriosclerotic C.V. Disease	
Other Conditions Cirrhosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. W. Tompkins M. D.

Address Sinai Hospital Date signed 5/13/41

F 80622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

Registered No. E 80622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 Wyanoke Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Leonora Burkett (Mary Leonora Burkett)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife. George H Burkett
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Oct. 19, 1884
8. AGE: Years 56 | Months 6 | Days 24 | If less than one day hr. min.
9. Birthplace Hagerstown Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Winter
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Mary Cornelia Wirts
15. Birthplace Winchester Va

16 (a) Informant Mr. Geo. H. Burkett
(b) Address 538 Wyanoke Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 14 1941 (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at [redacted] M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1941 to 5-13 1941 and that I last saw h[redacted] alive on 5-13 1941.

Immediate cause of death [redacted] Cancer of Stomach — Duration [redacted]
Due to Generalized metastasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Agnes Date signed 5/13

VS 8

F 80623 ✓ F 80623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Facie Sampson

3 (b) If veteran, name war - -

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Georgie Mae
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/16/1890

8. AGE: Years	Months	Days	If less than one day
50	10	26	hr. min.

9. Birthplace Mt. Olive, N.C. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name ? Sampson
13. Birthplace N.C.

MOTHER
14. Maiden Name ?
15. Birthplace N.C.

16 (a) Informant Vanilla Coward (D)
(b) Address 1209 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (month) (day) (year)
(c) Cemetery or crematory Wards Cemetery
Location Mt. Olive, N.C.

18 (a) Funeral director Charles H. Hooper
(b) Address 514 N. Calhoun Street.

19 MAY 14 1941 (Date rec'd by registrar) [signature] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/41 19 , at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17/1941 to 5/12/1941.
and that I last saw h[illegible] alive on 4/28/1941.

Immediate cause of death	Duration
Carcinoma of tongue - metastasis,	5 mos
Due to Femural Bronchus.	
Due to pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Jackson M.D.
Address 620 Madison Ave Date signed 5/14/41

F 80624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 80624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. If age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Hanover Alley (If rural give location)
(e) If foreign born, how long in U. S, A.? years

3 (a) FULL NAME Steven R. Falyar

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0685

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Lucia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883 ?

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Insurance Collector ?

11. Industry or business

FATHER — 12. Name Joseph Falyar
13. Birthplace Poland ?

MOTHER — 14. Maiden Name Victoria ?
15. Birthplace Poland ?

16 (a) Informant Joseph P. Falyar (son)
(b) Address 506 South Rose Street

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Odonnel St

18 (a) Funeral director John J Duda
(b) Address 29 N Hudson St

MAY 15 1941

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1941, at 10-5 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: -
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mallory M.D. Medical Examiner.

Date signed 5-14-41

VS 6

F 80625

F 80625
393-994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
63-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Lamont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Pearson (Eleanor Pierson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Dep -

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-02

8. AGE: Years	Months	Days	If less than one day
38	11	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Samuel Henry
13. Birthplace Md

MOTHER
14. Maiden Name Anna Grimage
15. Birthplace Md

16 (a) Informant JOHNS HOPKINS HOSPITAL Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Archibald A. Gaspie
(b) Address 2101 Mc Culloh St

MAY 15 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941 at 8:09 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1941 to May 14 1941 and that I last saw her alive on May 14 1941.

Immediate cause of death	Duration
(a) Uremia	
Due to (b) Chronic glomerulonephritis	
Due to (c) ? Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kemp Jr. M.D.
Address Johns Hop. Hosp. Date signed 5/14/41

80626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louis G Lickman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Rose Glickman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1878

8. AGE: Years	Months	Days	If less than one day
62	8	28	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David Glickman
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Jerry Glickman
(b) Address 1611 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-16-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto + Conkling Sts

18 (a) Funeral director Earl Young Inc
(b) Address 1432 E. Balto St.

MAY 15 1941 (Date received by Registrar) (b) Hunting Town Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1941, at 1 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1941, to May 15 1941, and that I last saw h[illegible] alive on May 13 1941.

Immediate cause of death Coronary Thrombosis

Due to Myocarditis

Due to

Other Conditions Emphysema, Asthma.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Schapiro M. D.
Address 2028 Eutaw Place Date signed 5/15/41

F 80627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-1-B

Registered No. F 80627

F 80627

CC 29835

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 N. Mount St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Robert William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	separated

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec., 11, 1872

8. AGE: Years	Months	Days	If less than one day
68	5	2	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER

12. Name Joseph (d)

13. Birthplace ?

MOTHER

14. Maiden Name Mary (d)

15. Birthplace ?

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) (b) Registrar

MAY 13 1941

VS 3

Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1941, at 12:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1941 to 5-13 1941, and that I last saw h m alive on 5-12 1941.

Immediate cause of death: Carcinoma of prostate ?

Due to: Acute urinary retention

Due to: Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-7-41

Major findings of operation: Suprapubic cystotomy ca prostate ?

of autopsy:

Duration
?
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Reichert Jr.

Address Baltimore City Hosp. Date signed 5-14-41 M. D.

F 80628

F 80628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 767 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 767 Vine
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8540

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1897

8. AGE: Years 43 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Morris Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Gertrude Brown
15. Birthplace Balto Md

16 (a) Informant Mamie Smith
(b) Address 767 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 3227 Edmondson St

19 (a) MAY 15 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29/41 19 . May 11 1941.
and that I last saw alive on May 10 1941.

Immediate cause of death: Phthisis Pulmonalis — Duration: 3 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 6017 Carrollton Ave Date signed 5/14/41

F 80629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1640

F 80629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 N. Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin Alls (ALLS)

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Alls
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1876

8. AGE: Years 65 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business P. O.

FATHER
12. Name Charles Alls
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lucy Ellen Fowler
15. Birthplace Walter Middlesex, Va

16 (a) Informant Walton Alls
(b) Address 1205 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Milton

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) MAY 15 1941 (Date rec'd by registrar) (b) Thurlow Romans, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1941, at 8:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Hanging
Due to:
Other Conditions: Usual signs about neck
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-14-41
(c) Where did injury occur? 1205 N. Durham St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope from transom

23. Signature Howard N. Blight, Jr. M.D. Medical Examiner.
Date signed 5-14-41

VS 6

F 80630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163B

F 80630 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address John Street

(c) Hospital or institution: Woman's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 800 Mennington Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Mrs Sarah Rothschild

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~husband or~~ wife Samuel Rothschild.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-1893

8. AGE: Years 48 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name David Steinberg

13. Birthplace Poland.

MOTHER 14. Maiden Name Unknown

15. Birthplace Poland.

16 (a) Informant Patient

(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/41 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Road

18 (a) Funeral director Art Funeraria & Bros

(b) Address 124-26 W. North ave Huntington Maryland

19 (a) MAY 15 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-1941, at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-1941, to 5-14-1941, and that I last saw her alive on 5-14-1941.

Immediate cause of death: Post Operative hemorrhage — Duration: 1/4 hr

Due to (1) Thyroidectomy, because of hyperthyroidism. — years

Due to (2) Hypertension cardio vascular disease — years

Other Conditions Diabetes mellitus — years.

(Include pregnancy within 3 months of death)

Major findings: Of operations Nodular goitre

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Frank W. Sutterlee M. D.

Date signed 5-14-41

VS 3

80631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

Registered No. 80631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 Hampson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 Hampson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	married

6 (b) Name of husband or wife Lottie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18 1870

8. AGE: Years	Months	Days	If less than one day
71	-	26	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Catherine Boykins
15. Birthplace Va

16 (a) Informant Lottie Jackson
(b) Address 842 Hampson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Edgar D. Nelson
(b) Address 130 Dugdale St

(b) Registrar

MAY 15 1941
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 14 1941, and that I last saw h[illegible] alive on May 13 1941.

Immediate cause of death
Hypertension Cardio-Vascular Renal

Duration
7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Hatcher, M.D.
Address [illegible] Date signed 5/15/41

F 80632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1577

F 80632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1639 Ash~~
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 15-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Ashburton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Gail Nadal (Birth F 27978)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1941

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Hillain Nadal
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mollie Kramberg
15. Birthplace Baltimore

16 (a) Informant Mrs. Mollie Nadal
(b) Address 1639 Ashburton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Beth Chiam Congregation
Location Washington Blvd.

18 (a) Funeral director Jack Lewis, Inc.
(b) Address 1439 E. Balto. St. Balto Md.

19 (Signature of registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 15 1941, and that I last saw her alive on May 15 1941.

Immediate cause of death	Duration
Aspiration asphyxia	10 mins.
Due to Vomiting	6 days
Due to Increased intra cranial pressure	
Other Conditions Microcephaly	6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Microcephaly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabelle Harrison M. D.
Address Church Home + Infirmary Date signed 5-15

F 80633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 80633

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 1222 Marshall Street
(a) Baltimore City, Maryland
(b) Street address 1222 Marshall Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Marshall Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Pauline Meisser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Meisser

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 5th. 1870

8. AGE: Years 71 | Months | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George W. Staylor
13. Birthplace Fredericksburg, Va.

MOTHER
14. Maiden Name Mary Washington
15. Birthplace Hoboken, N. J.

16 (a) Informant John Meisser (Husband)
(b) Address 1222 Marshall Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 41 (month) (day) (year)
(c) Cemetery or crematory Glen HavenMemorial Cem
Location A.A.Co.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light Street

19 (a) MAY 15 1941 (Date rec'd by registrar) (b) Huntington Williams, Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 15 1941, and that I last saw her alive on May 14 1941.

Immediate cause of death: Exhaustion — Duration 6/13/41
Due to: Cerebral Hemorrhage — 5/1/41
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Connell, M.D.
Address 644 Hanover Date signed 5/16/41

F 80634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-24-a F 80634

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1523 N. B~~
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 N. Balto. St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Alberta Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1907

8. AGE: Years	Months	Days	If less than one day
33	6	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eugene Herbert
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret J. Kirk
15. Birthplace Baltimore, Md.

16 (a) Informant Edward Henry
(b) Address New York Ave Langdown P.O.

17 (a) Burial (b) Date thereof 5/17/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) MAY 15 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1941, at 12.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fatty degeneration of heart — Duration

Due to

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Moreau M.D.
Medical Examiner.

Date signed 5-14-41

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80635 Registered No.

F 80635

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town [redacted] Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Alderwood Rd. Lansdowne (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Eisenlohr (ALBERT L. EISENLOHR)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4126

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife BARBARA M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 12, 1887

8. AGE: Years	Months	Days	If less than one day
[redacted] .53	11	--	----- hr. ----- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Brewer

11. Industry or business Gunthers Brewery

FATHER
12. Name Paul Eisenlohr
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Younger
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Barbara M. Eisenlohr
(b) Address Alderwood Road

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 15, 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director J. B. Weppler & Son
(b) Address 1300 EUTAW PLACE

19 (a) MAY 13 1941 **(b)** [redacted] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted] M.D. Medical Examiner.

Date signed 5/13/41

F 80636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. F 80636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N. Milton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore G. Schenning

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-6832

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Mar. 2/1906

8. AGE: Years	Months	Days	If less than one day
35	2	11	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Time Keeper
11. Industry or business Cont. Eng. Co.

FATHER
12. Name John
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Josephine Faultich
15. Birthplace New York

16 (a) Informant Marie Schenning Wife
(b) Address 425 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler Co
(b) Address 403 Swolfe St.

19 (a) MAY 15 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1941, at 8:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Crushing injuries to head, face, chest and extremities

Due to

Other Conditions Avulsion of Brain + other viscera. Multiple fractures

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-13-41 (Year)
(c) Where did injury occur? R. R. Track Erdman (City or town) Sinclair (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Struck by locomotive

23. Signature Howard J. Moeller M.D. Medical Examiner.
Date signed 5-14-41

VS 6

F 80637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 80637 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST. JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 BERYL AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY CHRISTINE ARBIN (Birth F 27772)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/13/41

8. AGE: Years | Months | Days | If less than one day 9 hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name WILLIAM ARBIN
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name ROSE FRANK
15. Birthplace BALTIMORE

16 (a) Informant ROSE ARBIN
(b) Address 2615 BERYL AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Donnell St

18 (a) Funeral director Martin H. E. Duffy
(b) Address Lombard & Conkling Sts (Printing for Williams, Md.)

19 (a) (b) (Date received) (Registrar) Registrar

MAY 15 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1941, to 5/13 1941, and that I last saw her alive on 5/13 1941.

Immediate cause of death: Respiratory collapse. PREMATURITY — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hospital Date signed 5/14/41

80638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 122 P

Registered No. 80638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution: +

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) — 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Box 12 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frederick Duff

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-1334

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Jessie Duff
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1892

8. AGE: Years	Months	Days	If less than one day
49	3	14	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business ?

FATHER
12. Name Charles Duff
13. Birthplace Pa

MOTHER
14. Maiden Name Elizabeth Lingerman
15. Birthplace Md

16 (a) Informant Mrs. Jessie Duff
(b) Address PO Box 12 Middle River Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)
(c) Cemetery or crematory
Location Jefferson, N. Co.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

19 (a) 5-17-1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 19 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1941, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 14 1941, and that I last saw h (m) alive on May 14 1941.

Immediate cause of death Intestinal obstruction — Duration 2 days
Due to Paralytic ileus
Due to Post-operative adhesions
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Distention of peritoneum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 5-14 41

F 80639 ✓ F 80639

F 80639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 S Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 S. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM C. JOHNSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. No Number

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Carrie Johnson

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct 16-1871

8. AGE: Years 69 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Hampton Va (Town, county, and state)

10. Usual Occupation minister

11. Industry or business

FATHER 12. Name John M Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Dont know
15. Birthplace N Carolina

16 (a) Informant Mrs Carrie Johnson
(b) Address 222 S Eden

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16/41 (month) (day) (year)
(c) Cemetery or crematory Highland Springs Va
Location Rural of Richmond

18 (a) Funeral director John Ullrich
(b) Address 2260 Arlington

19 (a) MAY 15 1941 (Registrar) (b) Huntington Nitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1941, at 12 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 5-15-41

VS 6

80640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18-a

Registered No. E 80640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4610 Furley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vittro (Peter) Castagna
3 (b) If veteran, name war: None
3 (c) Social Security Account No. 215-01-8306

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1880

8. AGE: Years 60 | Months 011 | Days 29 | If less than one day: hr. min.

9. Birthplace Calascibetta, Italy (Town, county, and state)

10. Usual Occupation Presser
11. Industry or business Tailor shop

FATHER
12. Name Vincenzo Castagna
13. Birthplace Italy

MOTHER
14. Maiden Name Grazia Bruno
15. Birthplace Italy

16 (a) Informant Frances Castagna (wife)
(b) Address 4610 Furley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co
Location Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) MAY 15 19 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (I) death on the day stated above.

Immediate cause of death: Fracture of skull
Intracranial injury

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?-?
(b) Date of occurrence 5/11/41
(c) Where did injury occur? 2502 E. Eager Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell down stairs

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/13/41

80641

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80641

CERTIFICATE OF DEATH

64

1. PLACE OF DEATH 3811 Bateman Ave

CITY OF BALTIMORE: (No. ..... St. 154 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Girl Madegan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3811 Bateman A St., ... Ward. Birth F 27509

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): April 25-1941

7. AGE: Years | Months | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Robert J. Madigan

14. BIRTHPLACE (city or town) (State or country): Scranton Pa.

MOTHER

15. MAIDEN NAME: Tanya Pavlenko

16. BIRTHPLACE (city or town) (State or country): Courtland. N.Y.

17. INFORMANT: Robert J. Madigan

(Address) 3811 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Removal Date: May 16 1941

19. UNDERTAKER: Johnson & Howard Strong

(Address) 715 Light St.

Huntington Williams, M.D.

Registrar.

20. Filed MAY 15 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15-41

22. I HEREBY CERTIFY, That I attended deceased from May 4-41 to May 15-41

I last saw h... alive on May 14-41. Death is said to have occurred on the date stated above, at 2 A m. May 15-41

The principal cause of death and related causes of importance were as follows: Abscess

Enlarged thymus gland

Death Sudden

Date of onset

Other contributory causes of importance: Staph Hemolitious

Infection of 1st great

Was an operation performed? Incision & Drainage Date of 5/4/41

For what disease or injury?

Name of operation Incision & Drainage Date of 5/4/41

What test confirmed diagnosis? Blood Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 3045 W North Ave

80642 cc 62684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B ✓ F 80642 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 W. Lafayette Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1880

8. AGE: Years	Months	Days	If less than one day
61	3	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Solmen
13. Birthplace Va.

MOTHER
14. Maiden Name Grace Burley
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location R. I. Co

18 (a) Funeral director Lawrence Sanders
(b) Address 1415 E Preston St

19 (a) MAY 15 1941 (b) Huntington Williams M.D. Registrar
Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1941, at 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941, to 5-13 1941, and that I last saw h. m alive on 5-13 1941.

Immediate cause of death: Carcinoma of the prostate c metastases — Duration 1 yr.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 5-15-41

80643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 80643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Willis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Geo A. Willis

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1875

8. AGE: Years 65 | Months 4 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER
12. Name John Fitzgerald
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Ryan
15. Birthplace Ireland

16 (a) Informant Mr. Geo A. Willis
(b) Address 1721 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 S. Gallows St.

19 (a) MAY 15 1941 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1941, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21, 1919, to 5/14/1941, and that I last saw h alive on 5/13 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 day

Due to: Arteriosclerosis & Hypertension — Duration: Some years about 10 yrs.

Due to:

Other Conditions: Myocarditis & Angina Pectoris
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore A. Morrison M.D.
Address 1013 N. Charles St. Date signed 5/15/41

80644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 80644

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 369 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Rutland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nannie Rowlette (55511)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1885

8. AGE: Years	Months	Days	If less than one day
55	7 6	2 32	hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Richard Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Jenkins
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. B.A. Keeley & Daughter
(b) Address 12 W. Caroline St. Huntington Williamsport, Md.

19 (a) MAY 15 1941 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1941, at 9:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 14 1941, and that I last saw her alive on May 14 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold K. Cattlett M. D.
Address Balto. City Hosp. Date signed 5-15-41

396965 ✓ X F 80645

80645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-f

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Upton Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6901 Fait Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Ziemski ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-41

8. AGE: Years	Months	Days	If less than one day
	1	5.4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Leon Ziemski
13. Birthplace Md.

MOTHER 14. Maiden Name Clara Zubrowski
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 6, 19 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Belair Rd. & Harford Rd.

18 (a) Funeral director M. F. Ostrowski & Sons.
(b) Address 1808 Eastern Ave

19 MAY 15 1941 Huntington Williams, M.D.
(Must not be filled in by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1941, to May 15 1941, and that I last saw him alive on May 15 1941

Immediate cause of death	Duration
Congenital syphilis & Streptococcal sepsis	14 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nelson Lyon Gantt M. D.
Address Johns Hopkins Hosp. Date signed May 15 41

VS 3

F 80646

F 80646

397474

F 80646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 N. Eutaw Pl (If rural give location)
(e) Citizen of foreign country?..... (Yes or No) If yes, name country.....

3 (a) FULL NAME Adolph Riehl

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 2-5-80

8. AGE: Years	Months	Days	If less than one day
61	3	9	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Conrad Riehl
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Hoerl
15. Birthplace Germany

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location NEAR Washington D. C.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 16 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941 at 5:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941, to May 17 1941, and that I last saw him alive on May 14 1941.

Immediate cause of death	Duration
Carcinoma of larynx	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation.....
of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature H. A. Kerr M. D.
Address Johns Hopkins Hosp Date signed 5-15-

VS 3

F 80647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

✓ F 80647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7000 W. 40th St. + Keswick Rd.
(c) Hospital or institution: The Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Bonaventure Ave. (If rural give location) 9-6
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Amey H. Rawlings.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Philip E. Rawlings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1874

8. AGE: Years 66 yrs. | Months 10 mo. | Days 13 | If less than one day hr. min.

9. Birthplace Machton, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas McCausland
13. Birthplace Machton, Md.

MOTHER
14. Maiden Name Melissa Hopkins
15. Birthplace Aberdeen, Md.

16 (a) Informant M. Edmonston
(b) Address Home for Incurables.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rock Run
Location Harford Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 MAY 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 — 1941, at 24 H. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938, to May 14th 1941, and that I last saw her alive on May 13th 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	9½ hours
Due to: Hypertensive Cardio Vascular Disease	Many years
Due to:	
Other Conditions: Arthritis Deformans	Many years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Not applicable
Of autopsy: Not applicable

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conrad Wood M. D.
Address 11 E. Chase St. Date signed 5-14-41

VS 3

F 80648

SS 52805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

F 80648 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josiah H. Vaughn

3 (b) If veteran, name war	3 (c) Social Security Account No.
None ?	None ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1861

8. AGE: Years	Months	Days	If less than one day
79	7 5	8	hr. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Josiah H. Vaughn
13. Birthplace Mass.

MOTHER
14. Maiden Name Elizabeth Benson
15. Birthplace Mass.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16th 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mathias
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 (a) (Signature of local registrar) (b) Gunther Jr. Williams M.D. Registrar

MAY 16 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1941, at 3.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1941 to 5-15 1941, and that I last saw him alive on 5-14 1941.

Immediate cause of death	Duration
Carcinoma of the prostate c metastases	?
Due to Hypertensive C. V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-15-41

F 80649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N Gay (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Victor Reszke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Helen RESZKE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1877

8. AGE: Years	Months	Days	If less than one day
63	7	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Retired

FATHER
12. Name Victor Reszke
13. Birthplace Poland

MOTHER
14. Maiden Name Amelia Z.
15. Birthplace Poland

16 (a) Informant Amelia Kelly
(b) Address 1839 Dover st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) MAY 16 1941 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1941, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1941, to 5-14 1941, and that I last saw h~~im~~ alive on 5-14 1941.

Immediate cause of death	Duration
cerebro vascular accident	
Due to arterio sclerotic cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy arterio sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Barnes M. D.
Address Mercy Hosp Date signed 5-14-41

F 80650

JN 63697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-D

F 80650

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2114 Boyd St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Herbert Sheppard or William Henry Sheppard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name William Sheppard

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Rebecca Sodwick ?

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) (b) Huntington Williams Registrar

MAY 16 1941

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1941, at 5:32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1941, to 5-14 1941, and that I last saw h.xxx alive on 5-14 1941.

Immediate cause of death	Duration
Papillary carcinoma of the urinary bladder	?
Due to Acute urinary retention Uremia	5 days 3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3-4-41

Major findings of operation: Carcinoma of urinary bladder

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney P. Ehlert Jr. M. D.

Address Baltimore City Hosp Date signed 5-15-41

F 80651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No. F 80651

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. York St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME WILLIAM A. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 911

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Chin
15. Birthplace Virginia

16 (a) Informant Darsy Brackers
(b) Address 109 West York Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a, Co. Md

18 (a) Funeral director James A. Stayer
(b) Address 1142 Wolfe St

19 (a) MAY 16 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 3:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Syphilis, cardiovascular	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 5-15-41

F 80652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 80652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 446 W. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WOODROW FLOOD

3 (b) If veteran, name war

3 (c) Social Security Account No. 250-03-3935

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian Pearl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1915

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Rockhill S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Flood
13. Birthplace S. C.

MOTHER
14. Maiden Name Savannia ?
15. Birthplace S. C.

16 (a) Informant Lillian Flood
(b) Address 446 W. Biddle St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)

(c) Cemetery or crematory
Location Rockhill S. C.

18 (a) Funeral director Joseph B. Locke, Jr
(b) Address 1310 E. Central Ave.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAY 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 1:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hemorrhage, pleural and pericardial	
Due to Bullet wound of chest	
Due to	
Other Conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence May 15, 1941
(c) Where did injury occur? in front of 446 W. Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury shot during altercation

23. Signature T. L. Wollenweber M.D. (Medical Examiner.)

Date signed 5-15-41

F 80653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 80653

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5243 Cordelia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5243 Cordelia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2716

3 (a) FULL NAME Lucinda Hiser

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Widow

6 (b) Name of husband or wife Jesse S.Hiser
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 25, 1859

8. AGE: Years	Months	Days	If less than one day
81	9	25	..... hr. ..... min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Jesse Booker
13. Birthplace Unknown

MOTHER
14. Maiden Name Julia A.Miller
15. Birthplace Unknown

16 (a) Informant Mrs.Flora T.Holland
(b) Address 5243 Cordelia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave,

19 (a) ..... (b) .....
(Date received by registrar) Registrar

MAY 16 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1941, at 11.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11th 1941, to May 15th 1941, and that I last saw h[illegible] alive on May 15th 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Hypertension + Arterio-Sclerosis — Duration Years
Due to ..... — Duration .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Robert C. Reifsnyder, M.D.
Address 2245 Reisterstown Rd Date signed 5/16/41

F 80654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

156-B F 80654 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave (If rural give location)
920 Edgewood Place
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian F. Hurley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or~~ divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ~~—~~ years

7. Birth date of deceased (mo., day, yr.) April 28th 1887

8. AGE: Years	Months	Days	If less than one day
about 54	0	16	hr. min.

9. Birthplace Vienna Md. (Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Nursing Home

FATHER
12. Name Houston W. Hurley
13. Birthplace Vienna Md.

MOTHER
14. Maiden Name Sarah Neary
15. Birthplace Md.

16 (a) Informant Dorothy West
(b) Address 1 E. University Pkwy

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) 1240 St. Paul St

19 (a) MAY 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1941, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to May 13 1941
and that I last saw her alive on May 13 1941

Immediate cause of death Thrombosis Coronary

Due to Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration: 2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 705 Med Arts Date signed 5/16/41

VS 3

80655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 80655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 John St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 John St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lois R. Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry C. Duvall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1889

8. AGE: Years	Months	Days	If less than one day
52	11	7	hr. min.

9. Birthplace Colorado
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Carrollton H. Holcomb
13. Birthplace Mich.

MOTHER
14. Maiden Name Merriner
15. Birthplace W. Va.

16 (a) Informant Henry C. Duvall
(b) Address 1506 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director J. Ogden Kahn
(b) Address 2301 Edmondson Ave.

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1941 to May 14 1941, and that I last saw her alive on 5/10 1941.

Immediate cause of death	Duration
1) Carcinoma of cervix	18 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Ave. Date signed 5/16/41

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80656 F 80656

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 McHenry St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James T. McIntire

(a) Residence No. 701 McHenry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James A. McIntire

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie A Flannagan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sophia McIntire

(Address) 701 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bonnie Brae Date 5/17 1941

19. UNDERTAKER C. Wm Funkhouser

(Address) 637 Wash Blvd

20. FILED 19 Huntington Williams

MAY 15 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13 1941

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1941 to 5/13 1941

I last saw h alive on 5/13 1941 Death is said to have occurred on the date stated above, at 9.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G Lankarter M. D.

(Address) 679 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80657

Registered No. 830

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 N Strieker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 N. Strieker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1624

3 (a) FULL NAME Mary Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widow

6 (b) Name of husband or wife Horace Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Eastern Shore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Philip Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Annie Richardson
15. Birthplace Md

16 (a) Informant Elizabeth Johnson (D)
(b) Address 1034 N Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Balto. City

18 (a) Funeral director Lord, Wheatley & Lee
(b) Address 63[illegible] Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Hypertension
Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh Schaeffer M.D. Medical Examiner.

Date signed 5/16/41

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80658

F 80658

CERTIFICATE OF DEATH

✓131-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1414 Presstman ST. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Hicks

(a) RESIDENCE NO. 1414 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Hicks

6 DATE OF BIRTH (month, day, and year): July 24-1866

7 AGE — Years: 75 | Months: 9 | Days: 19 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Haywood Va.

PARENTS

10 NAME OF FATHER: James Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Haywood.

12 MAIDEN NAME OF MOTHER: Rebecca Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Haywood Va.

14 Informant: Etta Jones

(Address): 1414 Presstman

15 Filed MAY 16 1941, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13-1941

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1940, to May 13, 1941, that I last saw h[illegible] alive on May 13, 1941 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 4 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. N. Wright, M. D.

5/14, 1941 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Haywood Co. Va

DATE OF BURIAL: 5/15 1941

20 UNDERTAKER: Geo. H. Kelsar

ADDRESS: 1303 Pressman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Robert Hicks

HEALTH DEPARTMENT—CITY OF BALTIMORE

80659 — 80659

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1345 Gilmor St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robt Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 1345 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Hicks

6. DATE OF BIRTH (month, day, year): Feb 26 1877

7. AGE: Years 63, Months 6, Days 27, If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Colored Dr Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Catherine Hicks

(Address) 1345 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 5/18, 1941

19. UNDERTAKER: Geo. E. Nelson

(Address) 1363 Pennsylvania Ave

20. FILED, 19 Registrar

Huntington Williams M.D.

MAY 16 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14 1941

22. I HEREBY CERTIFY, That I attended deceased from May 8 1941, 19 to May 14 1941, 19

I last saw him alive on May 14 1941, 19 Death is said to have occurred on the date stated above, at 7:20 AM

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation 1 day

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hilton Williams M. D.

(Address) 524 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80660 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 W. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Hunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8-1868

8. AGE: Years 73 | Months — | Days 4 | If less than one day: hr. min.

9. Birthplace Camp Carole Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name ? Mathews

13. Birthplace Camp Carole, Md

MOTHER 14. Maiden Name Emmaline ?

15. Birthplace Unknown

16 (a) Informant Mrs. Harry J. Hunt

(b) Address 1004 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto Md

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Edgewood Mill Ave Washington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 4-41

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1941 at 6:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Apr 17 1941 to 5/12 1941 and that I last saw her alive on 5/12 1941

Immediate cause of death: Cardio-Vascular-Renal Disease — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. P. Slaughter

Address 825 N. Fremont Ave Date signed 5/16/41 M.D.

F 80661

cc 65767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-2

F 80661

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Bayard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Addison (Ethel)

Birth F 27679.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1941

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Harry Addison

13. Birthplace Md.

MOTHER

14. Maiden Name Ethel Toney

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/12/41 (month) (day) (year)

(c) Cemetery or crematory Location B.C.H. 1:00 P.M.

18 (a) Funeral director

(b) Address

19 MAY 16 1941 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1941, at 9:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1941, to 5-7 1941, and that I last saw him alive on 5-7 1941.

Immediate cause of death Intracranial Hemorrhage — Duration 2 days.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Intracranial Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-16-41

VS 3

F 80662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80662

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Olney (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. James W. Parris.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara E. Parris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1856

8. AGE: Years	Months	Days	If less than one day
84	5	16 24	hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name William Parris
13. Birthplace Delaware

MOTHER
14. Maiden Name Rebecca Anthony
15. Birthplace Delaware

16 (a) Informant Wife (Mrs Clara E Parris)
(b) Address Olney Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/41 (month) (day) (year)
(c) Cemetery or crematory Drums Pisgah
Location Sykesville Md
Gilbert Funeral Home

18 (a) Funeral director John Carmichael
(b) Address 1980 Eutaw Place

19 (a) [illegible] (b) [illegible] (Signature of person who rec'd by registrar)
Huntington Williams Md
Olney

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 6:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1941, to May 14 1941, and that I last saw h[illegible] alive on May 14 1941.

Immediate cause of death Fracture, Left Femur
Pt. Cardiac decompensation
Arteriosclerotic H-V disease

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 5 at 10 a.m. M
(c) Where did injury occur? Olney Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work?
(Specify type of place)
(e) Means of injury Patient fell from chair to floor.
23. Signature William R. Trumpbour M. D.
Address The General Hosp Date signed 5/14/41
Howard J. Ackerman M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

80663 80663

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH Levindale Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 17 da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

2. FULL NAME Hyman Jordon If U. S. Veteran specify WAR .....

(a) Residence: No. Greenspring - Belvedere St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	widower

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Zundel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pesse

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Steinbell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herzog's Pim Date 5-18-1941

19. UNDERTAKER John Louis Inc.
(Address) 1439 E. Balto St.

20. FILED ..... Registrar for Williams, M.D. Registrar.

VS 2 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1935, to 5-15, 1941

I last saw him alive on 5-15, 1941. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Mitral Insufficiency	
Other contributory causes of importance: Ch. Bronchitis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY

F 80664

Norwitz 735 N. Fulton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94.a

80664 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3923 Park Heights ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3923 Park Heights ave (If rural give location)

(e) Citizen of foreign country? L (Yes or No)

If yes, name country L

3 (a) FULL NAME Rachael Narnitz

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Morris

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER

12. Name Nathan Fradin

13. Birthplace Russia

MOTHER

14. Maiden Name Annie

15. Birthplace Russia

16 (a) Informant David Narnitz

(b) Address 3923 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ City Cem

Location Wash Rd

18 (a) Funeral director Jack Levin Jos

(b) Address 1439 E. Balt St

19 (Date rec'd by registrar) (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 9 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1941, to May 15 1941, and that I last saw h alive on May 15 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 10 days

Due to: Arterio - sclerosis — 12 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? at M (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Homer A. Todd

Address 735 N. Fulton Ave Date signed 5/15/41 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVE HANDKERCHIEF FOR BURIAL

U S 3

F 80665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80665 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Ridgecroft Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Ridgecroft Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN W. McKENNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Clara C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1874

8. AGE: Years	Months	Days	If less than one day
66	11	26	hr. min.

9. Birthplace Northumberland County, Virginia (Town, county, and state)
10. Usual Occupation Police Central District
11. Industry or business

FATHER
12. Name Octavius McKenney
13. Birthplace Virginia

MOTHER
14. Maiden Name Charlotte Davis
15. Birthplace Virginia

16 (a) Informant Clara C. McKenney
(b) Address 3910 Ridgecroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by registrar) (b) Huntington Millionaire Md

MAY 16 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 7:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 5-14-41

F 80666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80666 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 E Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARMSTRONG BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	BLACK	MARRIED

6 (b) Name of husband or wife ERMA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-16

8. AGE: Years	Months	Days	If less than one day
24	6	16	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation W.P.A.

11. Industry or business

FATHER 12. Name Dempsey Brown

13. Birthplace N.C.

MOTHER 14. Maiden Name Sylvester

15. Birthplace N C

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)

(c) Cemetery or crematory

Location Hobgood, N.C.

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Bloomsbury Ave

19 (a) (b) Registrar

MAY 16 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 15 1941, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 29 1941, to MAY 15 1941, and that I last saw H I M alive on MAY 15 1941

Immediate cause of death Acute Nephritis — Duration 3 weeks

Due to Sulfathiazole

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Klein

Address Johns Hopkins Hosp Date signed 5/16/41

F 80667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80667 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5932 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5932 ± Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Campbell Groome

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
59			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEMORIAL SCHOOL MAY 16 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Huntington Williams, M.D.

19 MAY 16 1941 (Date rec'd by registrar) (b) 6477 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1941 at 6:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/5/41

F 80668

cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V127-a

F 80668

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Inf.)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs. 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Conway St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Jerome Essex

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bertha (a)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1863

8. AGE: Years 77 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Essex (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Manning (a)
15. Birthplace Md.

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAY 16 1941

Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Maryland

MAY 16 1941 (Date rec'd by Registrar) (b) Registrar

6478

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1941, at 5:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1941 to 5-10 1941, and that I last saw h[illegible] alive on 5-10 1941.

	Duration
Immediate cause of death: Generalized peritonitis	24 hrs.
Due to: Acute gangrenous cholecystitis & rupture *	3 days.
Due to: Arterio-sclerotic C.V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-10-41

Major findings of operation: Ruptured gall-bladder - peritonitis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Schloss Jr. M. D.

Address Baltimore City Hosp. Date signed 5-14-41

80669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80669

JN 65934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 S. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Nastalski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-8120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 4-24-1890 MARCH 1st

8. AGE: Years	Months	Days	If less than one day
51	1	13	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name PHILIP NASTALSKI
13. Birthplace ? POLAND

MOTHER
14. Maiden Name ?
15. Birthplace ? POLAND

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17th 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Leo S. Crook
(b) Address 1701-03 N. Patt Park Ave
19 (Date rec'd by registrar) MAY 16 1941 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1941, at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1941, to 5-14 1941, and that I last saw h alive on 5-14 1941

Immediate cause of death	Duration
Pneumococcal meningitis	?
Due to Lobar pneumonia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard A. Rathbun M. D.
Address Balto. City Hosp Date signed 5-15-41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LA-3621

Sarah A Dudley

F 80670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-D

F 80670 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3515 Mendo Drive

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3515 Mendo Drive (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Alice A. Dudley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1865

8. AGE: Years	Months	Days	If less than one day
76	3	—	hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER

12. Name James W. Dudley

13. Birthplace Lancaster Co. Va

MOTHER

14. Maiden Name Sarah Kirkpatrick

15. Birthplace Lancaster Co. Va

16 (a) Informant Mrs George Cullen

(b) Address 3515 Mendo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-41 (month) (day) (year)

(c) Cemetery or crematory Bethel Church Cem.

Location Lancaster Co. Va.

18 (a) Funeral director Norma C. Snyder

(b) Address 1600 W. Fourth Ave.

19 (a) (Undertaker or Postmaster) Hunting for Williams Undertaker

MAY 16 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 9:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1940 to May 17 1941

and that I last saw her alive on May 14 1941

Immediate cause of death

Chr. Myocarditis

Due to

Due to

Other Conditions Chr. Nephritis - Senility

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo E. Shannon MD M.D.

Address 1021 N. Fulton Ave Date signed 5/16/41

F 80671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

F 80671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 22 nd & Calvert Streets

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5003 Roland Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** MRS. ELLA H. JONES

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Evan Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 1856

8. AGE: Years 84 | Months 9 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Maryland, Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Francis Hutchinson

13. Birthplace Easton, Penna.

MOTHER

14. Maiden Name Sarah Seibold

15. Birthplace New Berlin, Penna.

16 (a) Informant Mrs. Winifred D. Boswell

(b) Address 5112 Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

19 (a) Date received (Registrar) Huntington Williams M.D.

MAY 16 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1941, at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1941, to 5-14 1941, and that I last saw her alive on 5-14 1941.

Immediate cause of death Coronary occlusion — Duration ... days?

Due to Arteriosclerotic heart disease — Duration ... years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Rupture of left ventricle at site of infarct.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.

Address Union Memorial Hosp. Date signed 5-14-41

F 80672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 — F 80672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE STS.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 DAYS.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 N. PULASKI ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

15 12

3 (a) FULL NAME JOHN MUFFOLETTO

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	M	W	S

6 (b) Name of husband or wife ----------
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1894

8. AGE: Years	Months	Days	If less than one day
46	9	9	..... hr. ..... min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business Self

FATHER
12. Name Giosne Muffoletto
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Cangelosi
15. Birthplace Italy

16 (a) Informant Mr. Samuel Muffoletto
(b) Address 1737 N. Pulaski Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) Huntington Williams M.D. (Date received by registrar) Registrar

MAY 16 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 14th 1941, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 5th 1941 to MAY 14th 1941, and that I last saw h[im] alive on MAY 14th 1941.

Immediate cause of death	Duration
PORTAL CIRRHOSIS OF LIVER.	8 MON.
Due to	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5/19/41

O'LEARY.

F 80673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 80673 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Sills (Birth F 27811)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-41

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Johny Sills
FATHER 13. Birthplace Va

MOTHER 14. Maiden Name Elizabeth Davis
MOTHER 15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] MAY 16 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 16 1941 (Date rec'd by registrar) Per H. A. Moore Huntington Williams, M.D. Registrar

6482

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1941, at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Prematurity — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker
Address Baltimore Date signed 5/15/41

80674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80674

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 Colvin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

5-W

3 (a) FULL NAME "Baby" Black (Birth F 27808)

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 4, 1941

8. AGE: Years	Months	Days	If less than one day
---	--	--	8 hr. 35 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Leonard Young
13. Birthplace Maryland

MOTHER
14. Maiden Name Bernice Black
15. Birthplace Maryland

16 (a) Informant Bernice Black
(b) Address 238 Colvin Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location MAY 16 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAY 16 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

16481

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1941, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1941, to 5/4 1941, and that I last saw her alive on 5/4 1941.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Johns Hopkins Hospital M.D.
Address Date signed 5/9/41

F 80675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 80675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifton Goynes (65670)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-7763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1902

8. AGE: Years	Months	Days	If less than one day
38	7	17	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Clifton Goynes
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ferguson
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

MAY 16 1941 (Date rec'd by Registrar) (b) Huntington Wilkinson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1941, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 15 1941, and that I last saw him alive on May 15 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-15-41

80676

cc 65222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Freifeld

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lena (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1865

8. AGE: Years	Months	Days	If less than one day
76	0	25	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER: 12. Name Louis
13. Birthplace Austria

MOTHER: 14. Maiden Name Chendle
15. Birthplace Austria

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location E Monal St

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Pratt St

MAY 16 1941 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1941, at 1 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-1941, to 5-16-1941, and that I last saw h[illegible] alive on 5-16-1941.

Immediate cause of death: Anaemia — Duration 3d days
Due to: Bronchopneumonia — 2 wks
Due to: Coronary Thrombosis — 6 wks
Due to: Benign Prostatic Hypertrophy — ?
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-16-41

VS 3

80677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134

F 80677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. of Balto. Gen. Hosp. 2 1/2 - 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1467 Reynold. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Butler

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Eva M.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec. 4th. 1888

8. AGE: Years	Months	Days	If less than one day
53 52	5	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Water Dept.

FATHER
12. Name John B. Butler
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Cowan
15. Birthplace Ireland.

16 (a) Informant Mrs Eva M. Butler
(b) Address 1467 Reynolds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Leonard Son
(b) Address 96 Collins St.

19 (a) MAY 16 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15-1941 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-1941 to 5-15-1941, and that I last saw him alive on 5-16-1941.

Immediate cause of death	Duration
Pulmonary infarction	
Calculus Pyonephrosis left	
Due to Pyonephrosis left	
Due to gangrenous cystitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations cystitis, Pyonephrosis
Of autopsy above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address [illegible] Date signed 5/16

VS 2

80678

cc 65568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 80678

Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1814 Wilhelm St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

19-4

3 (a) FULL NAME Theodore Clark M

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1890

8. AGE: Years 51 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation Maintenance Man

11. Industry or business On Relief

FATHER

12. Name Aesop Milton (d)

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Sophia Gray (d)

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof May 19-41 (month) (day) (year)

(c) Cemetery or crematory New National Cem.

Location Frederick Md.

18 (a) Funeral director Henry H Waltz

(b) Address 1401 Edmondson Ave.

19 MAY 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-41, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1941, to 5-15 1941, and that I last saw h/m alive on 5-15 1941.

	Duration
Immediate cause of death	
Due to P. O. Shock	2 mos (?)
Due to	
Other Conditions Jaundice	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Choledocholithiasis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Rigdon M. D.

Address Balto City Hosp Date signed 5-16-41

VS 3

80679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H E 80679 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3238 Keswick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3238 Keswick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? Years

3 (a) FULL NAME GEORGE EDWARD MITCHELL

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-03-7790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1875

8. AGE: Years	Months	Days	If less than one day
65	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business Contractor

FATHER
12. Name William L. Mitchell
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Lucy Bibb
15. Birthplace Baltimore Co. Md

16 (a) Informant Mrs. Emma M. Kone
(b) Address 3238 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

MAY 18 1941 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation by drowning
Due to: Suicide
Due to: Mental Dependency
Other Conditions: No

(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 17, 1941
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from kitchen oven

23. Signature H. J. Wollenweber M.D. (Medical Examiner)
Date signed 5-14-41

F 80680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 80680

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3648 Cook St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3648 Cook St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora A. Montgomery.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married.

6 (b) Name of husband or wife George E. Montgomery
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 22, 1872

8. AGE: Years	Months	Days	If less than one day
68	9	23	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Amon Beatty.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant George E. Montgomery
(b) Address 3648 Cook St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 18/41 (month) (day) (year)
(c) Cemetery or crematory Westfield burg
Location Carroll Co, Md.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Eastern Ave.

19 Date received by Registrar MAY 16 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1941, at 1.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1940, to May 15, 1941, and that I last saw h er alive on May 15, 1941.

Immediate cause of death Chronic Myocarditis — Duration 2 yrs
Due to Arteriosclerotic Cardio-vascular Renal Disease — 2 yrs
Due to
Other Conditions Angina Pectoris

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Boyle M. D.
Address 1731 Linden Ave. Date signed 5-16-41

80681

BALTIMORE CITY HEALTH DEPARTMENT 160-a F 80681
Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 S. Hooker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Martin (Birth F 28078)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1941

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Martin
13. Birthplace Columbia, South Carolina

MOTHER
14. Maiden Name Elizabeth Harrison
15. Birthplace Purcellville, Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] MAY 16 1941 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Williams, Md.

19 (Signature of registrar) MAY 16 1941 Registrar

6486

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 11:32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1941 to May 13 1941 and that I last saw h[illegible] alive on May 13, 1941.

Immediate cause of death	Duration
Intracranial hemorrhage	
Subarachnoid hemorrhage	
Due to Erythroblastosis fetalis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzicka M. D.
Address University Hospital Date signed May 14 1941

80682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 Belvedere Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Belvedere Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Trainor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Trainor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5. 1866

8. AGE: Years	Months	Days	If less than one day
74	7	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John A. Kilchenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Unknowen
15. Birthplace " " " "

16 (a) Informant John A. Trainor
(b) Address 3319 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons.
(b) Address 1827 W. North Ave.

MAY 16 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941 at 4 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to May 14 1941.
and that I last saw her alive on May 14 1941.

Immediate cause of death	Duration
Heart Bloc	2 mo
Due to Myocarditis	1 year
Due to Old age	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Mills M. D.
Address 1776 Park Ave Date signed May 16 41

80683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B ✓ Registered No. E 80683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 S. Bentalou Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Bentalou Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) No.
If yes, name country

3 (a) FULL NAME WILKES E. TROUTMAN

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 219-01-0147

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie Troutman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4. 1864

8. AGE: Years	Months	Days	If less than one day
77	2	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Eastern Rolling Mill

FATHER
12. Name John Troutman
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Bolden
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Mamie Troutman
(b) Address 406 S. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Edge Hill Cemetery
Location Charles Town, W. Va.

18 (a) Funeral director F. B. Shepherd & Son
(b) Address 2200 Eutaw Place

MAY 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1940 to May 15 1941, and that I last saw him alive on May 15, 1941.

Immediate cause of death Cardio-Renal Failure — due to Carcinoma of Prostate — Duration 1½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael A. Abrams
Address 2360 Eutaw Place Date signed 5/16/41 (M. D.)

Dr. Michael Abrams

80684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D ✓

Registered No. E 80684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 Poplar Grove
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Poplar Grove St (If rural give location)
167
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathryn M Piet
3 (b) If veteran, name war —
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife T. Leon Piet
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/17/1877

8. AGE: Years	Months	Days	If less than one day
63	9	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Maag
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Hankelman
15. Birthplace Balto Md

16 (a) Informant T. Leon Piet
(b) Address 1421 Poplar Grove
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Harry C Brauning Son
(b) Address 2924 E Monument St
19 (a) Filed MAY 17 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 2:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to May 15 1941, and that I last saw h[illegible] alive on May 14 1941.

Immediate cause of death	Duration
Cardiac Hyper-trophy	
Due to Myocardial Degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed May 16/41

VS 3

F 80685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80685 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3208 E Baltimore

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 10

(e) Length of stay in Baltimore (yrs., mos., or days) 62 6 6

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3208 E. Baltimore St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Hurka

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Johanna Hurka

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1878

8. AGE: Years 62 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name John Hurka

FATHER 13. Birthplace Bohemia

MOTHER 14. Maiden Name Josephine Prazak

MOTHER 15. Birthplace Bohemia

16 (a) Informant Johanna Hurka

(b) Address 3208 E. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director Frank Brach & Son

(b) Address 900 N. Chester St

19 (a) MAY 17 1941 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to May 14 1941, and that I last saw h. alive on May 14 1941.

Immediate cause of death: Coronary thrombosis — Duration: 6 mo

Due to: Arteriosclerosis

Due to:

Other Conditions: Cholecystitis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John J Gould M. D.

Address 147 N. East Ave Date signed 5-14-41

F 80686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80686 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 East 32nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 East 32nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Agnes Duffy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Duffy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66	-	-	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John F. Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Keefe
15. Birthplace Ireland

16 (a) Informant Mr. Lee Duffy
(b) Address 711 East 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M. Kiefeld
(b) Address 57 East 32nd Street

MAY 17 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1941, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 16 1941, and that I last saw her alive on May 16 1941.

Immediate cause of death	Duration
Coronary Thrombosis	24 hrs.
Due to	
Due to	
Other Conditions Arteriosclerosis Cardiac Vascular Disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Phillip H. Hyan, M. D.
Address 423 E. Preston St. Date signed 5-17-41

F 80687 ✓ F 80687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Church Home + Inf.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Princess Anne
(c) City or town PRINCESS ANNE (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Maggie S Tyson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Oscar Styron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W Whitehurst
13. Birthplace Va

MOTHER
14. Maiden Name Arminta Dozier
15. Birthplace Va

16 (a) Informant Pt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/41 (month) (day) (year)
(c) Cemetery or crematory Princess Anne Va
Location Princess Anne Va

18 (a) Funeral director Harry H. Dodge
(b) Address 401 Edmondson Ave

19 MAY 17 1941 (b) [signature] Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/ 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1941, to 5/16 1941, and that I last saw h[illegible] alive on 5/16 1941.

Immediate cause of death	Duration
Pulmonary Embolism	
Post operative shock	
Due to	
Due to	
Other Conditions Sarcoma of 3-4 thoracic Vertebrae	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations Laminectomy of 3-4 vertebrae
Of autopsy — none above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Mason Kuykendall M. D.
Address Church Home + Inf. Date signed 5/16/41

F-80688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 80688
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Dressmaker

11. Industry or business

FATHER
12. Name Mathew
13. Birthplace ?

MOTHER
14. Maiden Name Bridget Callen
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Widdifield
(b) Address 914 Greenmount Ave

19 (a) MAY 17 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 8.30 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1941, to May 15 1941, and that I last saw her alive on May 15 1941.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Wall M. D.
Address 1631 E North Ave Date signed 5/16/41

VS 3

F 80689 ✓ F 80689

cc 38685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 W. Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Coyne

3 (b) If veteran, name war: ?

3 (c) Social Security Account No. 215-50-5234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1883

8. AGE: Years	Months	Days	If less than one day
58	4	4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business ?

FATHER
12. Name Patrick
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose McKenna
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 S Paul St

19 (a) MAY 17 1941 (b) Registrar

Filed by registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1941, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4-1938 to 5-16-1941, and that I last saw h[illegible] alive on 5-16-1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to: Hypertension CVD — Duration: 7

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-16-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

F 80690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 W. Read st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 138 W. Read st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Osborne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lola E. Osborne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th 1871

8. AGE: Years	Months	Days	If less than one day
69	10	10	hr. min.

9. Birthplace Phila., Pa. (Town, county, and state)
10. Usual Occupation Structural Engineer
11. Industry or business Sells

FATHER
12. Name Henry Osborne
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Martha Fulton
15. Birthplace Phila Pa.

16 (a) Informant Lola E. Osborne
(b) Address 138 W. Read St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 17 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 847 St Paul St

19 (a) (Date received by Registrar) (b) Registrar

MAY 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1941, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1941, to May 16, 1941, and that I last saw him alive on May 15, 1941.

Immediate cause of death	Duration
Cerebral Apoplexy	10 days
Due to Arteriosclerosis	?
Due to	
Other Conditions Necrosis of dorsal vertebrae from trauma.	one year.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Osborne, M. D.
Address 3800 W. Mulberry Date signed 5/16/41

80691

OF 66027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Hey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1878

8. AGE: Years 63 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name William J.
13. Birthplace Virginia

MOTHER
14. Maiden Name [illegible] Jane Lewis
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 19th 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15-1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-1941 to 5-15-1941, and that I last saw h[illegible] alive on 5-15-1941.

	Duration
Immediate cause of death: Cardiac failure	?
Due to A-S. Hy. Dis.	?
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cardiac failure	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McDonagh Kerr M.D.
Address Balto City Hosp Date signed 5-16-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 80692 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Maryland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Maryland ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Thomas Benson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Eva Cropat Benson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 21-1862

8. AGE: Years	Months	Days	If less than one day
79	1	25	hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)
10. Usual Occupation Retired Marine Engineer
11. Industry or business Ship yard -

FATHER
12. Name Nathaniel R. Benson.
13. Birthplace Delaware

MOTHER
14. Maiden Name Margaret Purnell,
15. Birthplace Delaware

16 (a) Informant Mrs. Madeline Chapman.
(b) Address 2206 Maryland ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-19/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 1082 N. Howard

MAY 17 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1941, to May 16 1941, and that I last saw h[illegible] alive on May 16 1941.

Immediate cause of death	Duration
Due to Mr. Valvular Heart disease (Mitral insufficiency)	1939
Due to Chr. Interstitial Nephritis	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 1663 W. North Ave. Date signed 5/16/41 M.D.

VS 1

FOLLOW WRITTEN FORMS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-41

F 80693 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution:

Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1-8

(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street address Home (If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Toomey

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) — 1865

8. AGE: Years	Months	Days	If less than one day
76	—	—	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Thomas Gannon

13. Birthplace ?

MOTHER

14. Maiden Name Anna Murphy

15. Birthplace ?

16 (a) Informant Mt. Hope Retreat Records

(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-17-41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) MAY 17 1941 (Date received by registrar) (b) Huntington Hill. Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1941, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1941 to May 16 1941, and that I last saw h[illegible] alive on May 16 1941.

Immediate cause of death Chronic Interstitial Nephritis — Duration 2 years

Due to Arterio Sclerosis.

Due to

Other Conditions Senile Psychosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 326 [illegible] Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80694 ✓ F 80694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Wall. St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Knapp.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1231 Wall St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of George Knapp.

6. DATE OF BIRTH (month, day, year) Jan. 24 186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Bernard Wirth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Jos. Knapp.

(Address) 2610 Battery ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A&B Date 5-19 19 41

19. UNDERTAKER Bernard C Hafer

(Address) 121 E Hoffman St

20. FILED MAY 17 1941 19 ..... Registrar. Thomas J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 19 41

22. I HEREBY CERTIFY, That I attended deceased from April 29 19 41 to May 16 19 41

I last saw h[illegible] alive on May 16 19 41 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mos.
Other contributory causes of importance: Arteriosclerosis	1 yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

M.D. (Signed) O B Whelply M. D.

(Address) 1279 Fulton N

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 80695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 80695

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Madison (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife (?)

6 (c) If alive, give age 1875 years

7. Birth date of deceased (mo., day, yr.) Sept 6- ~~1875~~

8. AGE: Years 65 ~~59~~ Months 9 Days 24 If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Grocery dealer

FATHER 12. Name Milton Hayes

13. Birthplace N. C.

MOTHER 14. Maiden Name Comfort Monroe

15. Birthplace N. C.

16 (a) Informant Mrs. Helen James

(b) Address 2018 N. 22nd St-Phila Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel Co Md

18 (a) Funeral director Archibald A. Gaddis

(b) Address 2101 Mc Culloh St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1941, at 5-10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1941, to 5-15 1941, and that I last saw h[illegible] alive on 5-15 1941.

Immediate cause of death Bronchopneumonia — Duration

Due to Arterio-Sclerotic C-V disease

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Longshore M. D.

Address Md. Gen. Hosp. Date signed 5/16/41

F 80696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 80696 Registered No.

Physicians: please write the causes of death clearly and legibly. Any illegible or incorrect age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5307 Wendley Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Wendley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Captain Harry Brodsky

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dorothy N. Brodsky
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) December 25, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	4	20		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Captain No. 8 Truck
11. Industry or business Baltimore City Fire Dept.

FATHER
12. Name Morris Brodsky
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Scherer
15. Birthplace Russia

16 (a) Informant Mrs. Dorothy N. Brodsky
(b) Address 5307 Wendley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

MAY 17 1941 (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 11.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941 to May 15 1941 and that I last saw h alive on May 15 1941.

Immediate cause of death
Coronary Thrombosis
Due to /
Due to
Other Conditions Heart Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operationa None
Of autopsy

Duration
3 years
3 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4213 Frederick Ave. Date signed

Huntington Williams, M.D.

F 80697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Helmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Helmont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 23 years

3 (a) FULL NAME Charles W. Feinour

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W.	widowed

6 (b) Name of husband or wife Lady Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1872

8. AGE Years	Months	Days	If less than one day
68	8	7	hr. min.

9. Birthplace Bucto. Md. (Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business self

FATHER
12. Name Chas. W. Feinour
13. Birthplace Md

MOTHER
14. Maiden Name Schulz
15. Birthplace Md.

16 (a) Informant Mrs. Raymond Rothman
(b) Address 2802 Helmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry A. Mitzie
(b) Address 4101 Edmondson Ave

MAY 17 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16/41 1941, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1940 to May 16 1941, and that I last saw him alive on May 15 1941.

Immediate cause of death Chronic Cardio Vascular Disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F. Greenlee M. D.
Address 1013 Poplar Grove Date signed May 17 41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80698 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 152 Clyde Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dwight E Kellogg

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-7038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Mary Small

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1886

8. AGE: Years	Months	Days	If less than one day: hr	min
54	6	4		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Foreman
11. Industry or business Electric Store Room con. Gas & Elec Co.

FATHER
12. Name Frank Kellogg
13. Birthplace New Haven, Conn

MOTHER
14. Maiden Name Mary Dearstyne
15. Birthplace Troy, N. Y.

16 (a) Informant Mrs Mary H. Kellogg
(b) Address 152 Clyde Ave Lansdowne, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 41. (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Kuttle
(b) Address 4101 Edmondson Ave

MAY 17 1941 (Date rec'd by registrar)

19 (a) (b) Huntington Williams, U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 5/15/41

VS 6

F 80699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

870 ✓

F 80699

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 22 S. Athol Ave.

(c) Hospital or institution: General German Aged People Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 22 S. Athol Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Geo. W. Wheeler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 185[illegible]

8. AGE: Years	Months	Days	If less than one day
84	8	4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER

12. Name Frederick Young

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Mary Long

15. Birthplace Balto. Md

16 (a) Informant Mrs. J. George Walz, Sister

(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/41. (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Little

(b) Address 401 E. Lafayette Ave.

19 (a) Date received by Registrar [illegible] (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941. at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1/41 to May 16/41. and that I last saw her alive on May 13/41 19.

Immediate cause of death — Duration

Multiple Sclerosis. Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Wade Dennis M. D.

Address 933 Hanover St. Date signed May 16/41

VS 3

F 80700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80700

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 N Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Currie

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Simon Currie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1896

8. AGE: Years	Months	Days	If less than one day
46	—	3	hr. min.

9. Birthplace Anne Arundel Co.
(Town, county, and State)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Wm. Wright
13. Birthplace A. A. Co

MOTHER
14. Maiden Name Louise Barnes
15. Birthplace A. A. Co

16 (a) Informant Simon Currie
(b) Address 619 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/41 (month) (day) (year)
(c) Cemetery or crematory Broad Neck
Location Anne Arundel Co.

18 (a) Funeral director James P. Lawrence
(b) Address 1006 Penna ave.

MAY 17 1941 (b)
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1941, at 7.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1940, to May 13 1941, and that I last saw her alive on May 12 1941.

Immediate ~~cause of death~~	Duration
Arteriosclerosis Nephritis	
Due to Malignant Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Hewitt
Address 601 N Arrestless Ave Date signed 5/17/41

80701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 80701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1936

8. AGE: Years 5 | Months | Days | If less than one day hr min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Edwards
13. Birthplace North Carolina

MOTHER 14. Maiden Name Elsie Green
15. Birthplace Portsmouth, Va.

16 (a) Informant Elsie Edwards
(b) Address 325 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) MAY 17 1941 (Date received by registrar) (b) Baltimore, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941 at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral Concussion Hemorrhage. — Duration

Due to Subarachnoid hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. P. Spindler M.D. Medical Examiner

Date signed 5-15-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-2

F 80702

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Mercy Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 797 George St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose E. Piggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Joseph Edward Piggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 59 | Months | Days | If less than one day: hr. min.

9. Birthplace: West River Md
(Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: Pran Davis
13. Birthplace: West River, Md

MOTHER
14. Maiden Name: Mary Handy
15. Birthplace: Md

16 (a) Informant: Margaret Davis
(b) Address: 797 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19, 1941 (month) (day) (year)
(c) Cemetery or crematory: St Peter's Cemetery
Location:

18 (a) Funeral director: Mrs Kate R Williams
(b) Address: 322 N Schroeder St

19 (a) May 17 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1941, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-41 to 5-15 1941, and that I last saw h e Y alive on 5-15 1941.

Immediate cause of death: Kidney failure

Due to: Post operative shock

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Cystocele, rectocele, procidentia, cervical stump

Of autopsy:

Duration: a few minutes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel J. Rood M.D.
Address: Mercy Hospital Date signed: 5-17-41

F 80703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80703

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Maine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E Cunabaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1853

8. AGE: Years	Months	Days	If less than one day
88	0	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Dennis J. Cunabaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A O'Brien
15. Birthplace Ireland

16 (a) Informant Mrs Agnes Eggert
(b) Address 4307 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John J. Lonzi & Son
Address 1 Collins St.

MAY 17 1941

19 (a) (Date rec'd by registrar) (b) Huntingtown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 10 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to May 15 1941, and that I last saw h er alive on May 14 1941.

Immediate cause of death Cardiac Dilatation

Due to Myocarditis

Due to Arterio Sclerosis, Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James T Eggert M.D.
Address 1 E Madison St Date signed 5/16/41

F 80704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Wilkens Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Addie F. Ebert.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Bernard J. Ebert
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 16, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	29	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Geo W. Parks
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary A Stevenson
15. Birthplace Baltimore Md.

16 (a) Informant Mr Bernard J. Ebert
(b) Address 3110 Wilkens Ave.

17 (a) burial (b) Date thereof 5/19/1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4320 Frederick Ave

18 (a) Funeral director John Conway Son
(b) Address 908 Hollins St.

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/1941, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1939 to May 15 1941, and that I last saw h[illegible] alive on May 15 1941.

Immediate cause of death: Uremia — Duration: 120 days

Due to: Nephritis Chronic & Hypertension — 3 years

Due to:

Other Conditions: Diabetes Mellitus — 5 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott W Patterson M.D.
Address 3432 Greenmount Ave Date signed 5/16/41

80705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 80705
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 N. Calvert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3-(a) FULL NAME SALLIE EMILY ROWE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	W	Widowed

6 (b) Name of husband or wife Dr. Mommonier Rowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	8	5		

9. Birthplace Sommerset Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. Reiley Hickman
13. Birthplace Accomac Co., Va.

MOTHER
14. Maiden Name Letitia Adeline Price
15. Birthplace Sommerset Co., Md.

16 (a) Informant Mrs. Lloyd Savage White (Da
(b) Address Norfolk, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Methodist Episcapal
Location Sommerset Co., Md.

18 (a) Funeral director Henry Sander & Sons Inc.
(b) Address North Ave. & Broadway

MAY 18 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941 at 3:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1939 to May 15 1941 and that I last saw him alive on May 15 1941.

Immediate cause of death	Duration
Carcinoma	3 months
Due to hypostatic pulmonary collapse	
Due to cancer of breast with metastases, hyperradiation	since 1936
Other Conditions arthritis.	

(Include pregnancy within 3 months of death)
Date of operation breast removed 1936
Major findings of operation Carcinoma, metastases. Pt. had had
of autopsy Radium & X-Ray 1936-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frankl. Smith, Jr.
Address 1014 St Paul St Date signed 5th D. 5/16/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓ Registered No. E 80706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 Westgate Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Westgate Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER GARLAND WORTHAM

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-01-0680

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna P. Wortham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1881

8. AGE: Years 59 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Commission Merchant

11. Industry or business

FATHER
12. Name William H. Wortham
13. Birthplace Virginia

MOTHER
14. Maiden Name Anne E. Muse
15. Birthplace Virginia

16 (a) Informant Mrs. Edna P. Wortham
(b) Address Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

(a) Date received MAY 19 1941 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1941, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941 to May 16 1941
and that I last saw h[illegible] alive on May 16 1941.

	Duration
Immediate cause of death: Cerebroma of Stomach	?
Due to: ?	
Due to: ?	
Other Conditions: Cardiac decompensation	1 week

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. T. Loyall Jr. M.D.
Address 332 [illegible] Date signed 5/19/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 80707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5912 Park Heights Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5912 Park Heights Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Meyer Herstein

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1861

8. AGE: Years	Months	Days	If less than one day
79	8	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Nathan Herstein
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Hemerich
15. Birthplace Germany

16 (a) Informant Mr. Edward Doepletz
(b) Address 5912 Park Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Avenues

19 (a) Date received by Local Registrar (Month) (Day) (Year) Huntington Williams M.D. Registrar
MAY 18 1941
VS 3

MEDICAL CERTIFICATION

Mid.

20. DATE OF DEATH May 17, 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1941, to May 17 1941, and that I last saw h[illegible] alive on May 17 1941.

Immediate cause of death	Duration
Lobar Pneumonia	17 days
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Streett M. D.
Address 421 E Fort Ave Date signed 5/17/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 80708 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2128 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 N. Calvert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS MARKWOOD BARR

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-05-2534

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura Idella Barr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1875

8. AGE: Years	Months	Days	If less than one day
66	4	3 4	hr. min.

9. Birthplace Winchester, Virginia
(Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business Self

FATHER
12. Name Oscar Barr
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Charles O. Barr
(b) Address 313 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery or crematory
Location Winchester, Virginia

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 18 1941 (Date rec'd by registrar) (Signature) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1941, at 69 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941 to May 16 1941 and that I last saw h.. alive on May 13 1941

Immediate cause of death Carcinoma of the Prostate

Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. H. Pearce, M. D.
Address 405 Charles St. Date signed May 16

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80709

HEALTH DEPARTMENT—CITY OF BALTIMORE

80709

CERTIFICATE OF DEATH

107

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Lombard St. 1-N Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Frank Cohen

(a) Residence: No. 1806 E. Lombard St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-27-1930

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
10	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Great Cohen

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Jacobs

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL 5-18-41
Place Rosedale Date _____, 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E. Baltimore St.

20. FILED MAY 18 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1941

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1941, to 5/17, 1941

I last saw h. alive on 5/15, 1941. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance are as follows:

	Duration of each
Congenital Cerebral Diplegia	10 yrs
Bronchopneumonia	5/13/41
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Benjamin Hyglestein M. D.

(Address) 600 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

E 80710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B ✓ Registered No. E: 80710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Hospital +
(b) Street address Park Land - Home
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Milton Village
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 3400 Dolfield Blvd.

3 (a) FULL NAME Maurice Goldstein

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Rae Goldstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-1873

8. AGE: Years	Months	Days	If less than one day
67	8	5	hr. min.

9. Birthplace London England
(Town, county, and state)
10. Usual Occupation Ladies Ready to Wear
11. Industry or business Merchant

FATHER
12. Name Louis Goldstein
13. Birthplace Poland

MOTHER
14. Maiden Name Esther Goldstein
15. Birthplace Poland

16 (a) Informant Walter Goldstein
(b) Address 1804 Ruxton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (month) (day) (year)
(c) Cemetery ~~cemetery~~ City Cem
Location Mash J Rd

18 (a) Funeral director Jack Lansbee
(b) Address 1439 E. Balt St

19 (a) Date received MAY 18 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1941 to 5/17 1941, and that I last saw h[illegible] alive on 5/17 1941.

Immediate cause of death Cerebral Embolism — Duration

Due to post operative pneumonia

Due to prostatectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/4/41

Major findings of operation: Cancer prostate

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Raymond M. D.
Address Sinai Hospital Date signed 5/19/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 80711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X SOCIAL SECURITY # 214-05-0857

Registered No. 46-a 7711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Mercy Hospital
(c) Hospital or institution: Del. of Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ~~Baltimore~~ Eastport
(If outside city or town limits, write RURAL and give town)
Street No. 410 - 4th, ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Beatrice Fraker

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-0857

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Chandler
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-41 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Phila. Pa.

18 (a) Funeral director Jos. Young Son
(b) Address 1439 E. Balto St.

19 (a) MAY 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1941, at 6:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1940 to 5-15 1941, and that I last saw her alive on 5-15 1941.

Immediate cause of death Cancer

	Duration
Due to Ca. of Esophagus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of esophagus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Freeman Jr. M. D.
Address Mercy Hosp. Date signed 5-16-41

VS 3

Keep this certificate plainly written in the interests of clearness and legibly.

80712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W F 80712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 CEDERDALE RD. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Berlin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LENA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-1885

8. AGE: Years	Months	Days	If less than one day
56	2	9	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation MERCHANT
11. Industry or business FURNITURE

FATHER
12. Name JOSEPH BERLIN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name HINDA LAZEROFF
15. Birthplace RUSSIA

16 (a) Informant LENA BERLIN
(b) Address 3405 CEDERDALE RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-18-41 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP
Location Phila RD

18 (a) Funeral director Jack Levin Inc
(b) Address 1435 E. Baltimore St

19 (a) MAY 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ 5/15 1941 to 1941, and that I last saw h~~e~~ alive on 5/15 1941.

	Duration
Immediate cause of death: Acute pulmonary Edema	30 minutes
Due to: Coronary occlusion	3 days
Due to: Arteriosclerosis of coronary arteries	4 years
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein M.D.
Address Sinai Hospital Date signed 5/16

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 80713

SS 6512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No. E 80713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 435 Orchard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.
Unknown	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1889

8. AGE: Years	Months	Days	If less than one day
52	1	29	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Silver Cleaner
11. Industry or business ?

FATHER
12. Name Thomas Hall
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Jones
15. Birthplace Pennsylvania

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-30-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. County Md.

18 (a) Funeral director Adolphus H. Cateau
(b) Address 918 Druid Hill Ave.

MAY 18 1941 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-41 1941, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1941 to 5-16 1941, and that I last saw him alive on 5/15 1941.

Immediate cause of death: Benign prostatic hypertrophy
Due to: Uremia

Duration	
2 wks	

Due to
Other Conditions Wassermann reaction of blood positive
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Eckert Jr.
Address Baltimore City Hosp. Date signed 5/16/41 M.D.

80714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55700

48-a F 80714 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 Enon Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Moore

3 (b) If veteran, name war: xxxxxxxxx

3 (c) Social Security Account No. None ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67 ??			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-20-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director Adolphus Hoffstetter
(b) Address 916 Druid Hill Ave.

MAY 18 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 · 1941, at 11:30 A

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2- 1941, to 5-12-41 1941, and that I last saw her alive on 5-12-41 1941.

Immediate cause of death: Carcinomatosis — Duration: Prior to 5-2-41

Due to: Primary lesion of cervix uteri

Due to:

Other Conditions: Arteriosclerosis "

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.
Address Balto. City Hospts. Date signed

80715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Aisquith ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gerber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	W

6 (b) Name of husband or wife late Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1876

8. AGE: Years	Months	Days	If less than one day
65	—	17	16 hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business none

FATHER
12. Name Jonas Goodman
13. Birthplace Poland.

MOTHER
14. Maiden Name Hanna.
15. Birthplace Poland.

16 (a) Informant Jos. Gerber
(b) Address 611 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location Pulaski Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124 E. N. North ave

19 (a) MAY 18 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1941, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1941, to 5/17 1941, and that I last saw h. alive on 5/17 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to A-S	?
Due to	
Other Conditions A-S Ht. Dis.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac N. Cohen
Address Sinai Hosp. Date signed 5/17/41 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

80716

SS 66022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

E 80716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard B. Traylor

3 (b) If veteran, name war	3 (c) Social Security Account No.
Unknown	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 ~~?~~ 1889

8. AGE Years	Months	Days	If less than one day
52 50 ?	1 ?	5 ?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unknown Retired
11. Industry or business Trainman

FATHER
12. Name Richard Traylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Jane ? Cassidy
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) MAY 18 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 17 1941, at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1941, to 5-17 1941, and that I last saw him alive on 12-16 1941.

Immediate cause of death Uremia — Duration 7
Due to Genitourinary obstruction — 7
Due to — 7
Other Conditions — 7
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 5-20-41

VS 3

F 80717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 80717 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2041 W. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2041 W. Lanvale st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sadie E. Hobbs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 - 1861

8. AGE: Years 79 | Months 9 | Days 137 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salesman

FATHER
12. Name Andrew J. Hobbs
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Matilda Hunt
15. Birthplace Baltimore, Maryland

16 (a) Informant Sadie Hobbs
(b) Address 2041 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (month) (day) (year)
(c) Cemetery or crematory Immanuel Lutheran
Location Baltimore, Maryland

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street

19 (a) MAY 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 3½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intramuscular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 5/16/41

80718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 83-8

F 80718 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Mt Cabo Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 509 Mt Cabo Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Mt Cabo Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura E. Northam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Towns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1878

8. AGE: Years 63 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace Balto Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Aphrodite Swimmer
13. Birthplace Balto Maryland

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Balto Maryland

16 (a) Informant Helen Campbell
(b) Address 509 Mt Cabo Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Weedon Cook
(b) Address 217 St Paul Street

MAY 18 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1939 to May 17 1941. and that I last saw her alive on May 16th 41.

Immediate cause of death: Cerebral Thrombosis — Duration 2 wks

Due to: Cerebral arteriosclerosis — 10 yrs

Due to: Hypertension — 20 yrs

Other Conditions: Residual Emiplegia Rt. — 3 yrs

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature A. S. Claffee M. D.
Address 610 York Rd. Date signed May 17, 41

80719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80719 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet A. Witter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Harry C. Witter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1850

8. AGE: Years	Months	Days	If less than one day
91	2	9	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name John Thirkel

13. Birthplace Balto Md

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Harry C. Witter

(b) Address 2516 Jefferson St

17 (a) Burial (b) Date thereof 5, 19, 41
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook

(b) Address 1219 St. Paul St

19 (a) MAY 18 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1941, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 - 1940 to May 16 1941, and that I last saw h ~~or~~ alive on May 15th 41.

Immediate cause of death

Stricture oesophagus — Duration 2 Mos

Due to arteriosclerosis — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. Kaufmann

Address 16 E. Randall Date signed 5/19/41

VS 2

80720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80720

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 Keswick Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Keswick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Canapp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife George B Canapp.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1862

8. AGE: Years	Months	Days	If less than one day
79	4	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Thomas S. Tracey.
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Burnham
15. Birthplace Md.

16 (a) Informant Blanche A Hale.
(b) Address 3322 Keswick Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May, 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Jessups, Balto. Co.
Location

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

19 MAY 18 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1936 to May 18 1941 and that I last saw her alive on May 18 1941.

Immediate cause of death	Duration
Cardio-renal-vascular Disease	6 Yrs
Due to Myocardial Insufficiency	1 Day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams

Address 617 W. 40th St. Date signed 5/18/41 M. D.

80721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. E 80721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ferdinand Stagle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name Ferdinand
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Weidenfeller
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) MAY 18 1941 (Month, day, year) (b) Huntington Williams, M.D. (Physician or coroner) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941 at 9.45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 16 1941 to MAY 17 1941 and that I last saw h alive on MAY 17 1941

Immediate cause of death Uremia

Duration 24 hrs

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation X X X
Major findings of operation: X X X

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence X X at X X M
(c) Where did injury occur? X X X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X X X (Specify type of place) While at work? X X
(e) Means of injury

23. Signature H. H. Durkee M.D.
Address 928 E. North Ave Date signed MAY 17 1941

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 80722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Butz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 12 or Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Fremmonds Ave

19 MAY 18 1941 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 11:45a. M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 16 1941 to MAY 17 1941.
and that I last saw h[M] alive on MAY 17 1941.

	Duration
Immediate cause of death Uremia	2+ hrs
Coma	
Due to Chronic Nephritis (?)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation? X X
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence X X at M
(c) Where did injury occur? X X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X X While at work? X X
(Specify type of place)
(e) Means of injury X X X

23. Signature Otto H. Duke M.D.
Address 928 E. North Ave Date signed MAY 19 1941

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80723 Registered No.

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Bolton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE VAN BLARCOM BLAKE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles R. Blake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1875

8. AGE: Years	Months	Days	If less than one day
66	1	28	hr. min.

9. Birthplace St. Louis, Missouri (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Dixon Van Blarcom
13. Birthplace Patterson, New Jersey

MOTHER
14. Maiden Name Fannie E. Conant
15. Birthplace Troy, New York

16 (a) Informant Mr. Charles R. Blake
(b) Address 1801 Bolton Street

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) MAY 18 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 4:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to May 17 1941, and that I last saw h[illegible] alive on May 17 1941.

Immediate cause of death: Coronary occlusion — Duration: Immediate
Due to: Arterio Sclerosis — Duration:
Due to: Myocarditis — Duration:
Due to: Arteriosclerosis — Duration: Several years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: None Done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Woody, M.D.
Address 140 E Park Ave Date signed 5/19/41

W 80724 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 80724 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Menlo Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Menlo Drive. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LENA RAUNEKER

3 (b) If veteran, name war ------

3 (c) Social Security Account No. --------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel H. Rauneker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1863

8. AGE: Years	Months	Days	If less than one day
78	2	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Solomon Littauer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Clara Aaron,
15. Birthplace Germany.

16 (a) Informant Mr. Samuel H. Rauneker,
(b) Address 3704 Menlo Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Sandheim & Son
(b) Address 1902 Eutaw Place

19 (a) MAY 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th. 1941, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wollenmaker M.D. Medical Examiner.
Date signed 5-18-41

VS 6

Please write plainly; physicians, please write the causes of death clearly and legibly. Use only approved abbreviations. Physicians are especially important.

8972560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

100-B

Registered No. F 80725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Guilford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr Ferd Lautenbach

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-82

8. AGE: Years 59 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Ferd Lautenbach
13. Birthplace Md

MOTHER
14. Maiden Name Caroline
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director John J Tabeling & Sons
(b) Address 1312 Eutaw St

19 MAY 18 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1941 to May 15 1941 and that I last saw him alive on May 15 1941

Immediate cause of death Pulmonary embolism Rt. D Coronary embolism

Due to thrombophlebitis in Rt. saphenous.

Due to

Other Conditions Not any.

(Include pregnancy within 3 months of death)

Date of operation 5-13-41

Major findings of operation Ligation of Rt. saphenous vein.

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence [redacted] at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard T. Shackelford
Address 18 E. Eager St. Date signed 5-17-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

80726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80726

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr. approx.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Conway St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: B

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1940

8. AGE: Years 10 | Months | Days 7 | If less than one day hr. min.

9. Birthplace Hopewell, Va. Prince George Co. Va. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Rozel Morris
13. Birthplace

MOTHER
14. Maiden Name Eva Winfield
15. Birthplace Prince George Co., Va.

16 (a) Informant Mother
(b) Address 606 Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore city

18 (a) Funeral director Joseph A. Sirky
(b) Address 1024 N. Mount street

19 (a) MAY 18 1941 (Date rec'd by registrar) Washington Willia... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/41 19 , at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/41 19 to 5/17/41 19 , and that I last saw her alive on 5/17/41 19 .

Immediate cause of death Bronchopneumonia — Duration
Due to Pertussis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Scott M. D.
Address University Hospital Date signed 5/17/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

J. L. Wellemeier MD Asst Medical Examiner.

80727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80727

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redmonds Lane St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Conway St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Lee Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10. 1940

8. AGE: Years | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Prince George Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rozel Morris

13. Birthplace

MOTHER 14. Maiden Name Eva Winfield

15. Birthplace Prince George Va

16 (a) Informant Mother

(b) Address 606 W Conway Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20. 1941 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore city

18 (a) Funeral director Joseph A. Lively

(b) Address Hollins Mount. Street

MAY 18 1941 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941, to 19, and that I last saw her alive on May 16 1941.

Immediate cause of death	Duration
Pertussis Bronchial pneumonia	
Due to Pertussis	2 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Scott, M.D.

Address University Hosp. Date signed 5/16/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. L. Wallenstein, MD Asst Medical Examiner

EDKERS

F 80728 Eakers

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 80728

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4913 Belair Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 4913 Belair Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Louise A. Eakers

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Edward B Eakers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1873

8. AGE: Years 67 | Months 8 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name Stegman

13. Birthplace Dont know

MOTHER

14. Maiden Name Dont know

15. Birthplace Dont know

16 (a) Informant Lola Brendel

(b) Address 4313 Arizona

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto

18 (a) Funeral director A. Howard Evans

(b) Address 4400-02 Reisterstown Rd

19 MAY 18 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1941 at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/41 19__ to 5/15/ 1941, and that I last saw her alive on 5/14/ 1941.

Immediate cause of death	Duration
Malignancy of lower bowel.	?
Due to	
Due to	
Other Conditions - - - -	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Leitel M. D.

Address 1226 Hanover St. Date signed 5/16/41

VS 3

F 80729

F 80729

396128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F-80729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wis (b) County
(c) City or town Milwaukee (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 E Goodrich (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ray Chapman

3 (b) If veteran, name war

3 (c) Social Security Account No. 389-01-8682

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucille
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-95

8. AGE: Years	Months	Days	If less than one day
45	7	21	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Asst Director
11. Industry or business

FATHER
12. Name Elmer Chapman
13. Birthplace W. Va.

MOTHER
14. Maiden Name Amelia Wincher
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Milwaukee
Location Wyoming

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 900 Eutaw Place

MAY 18 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 17 1941, and that I last saw him alive on May 17 19

Immediate cause of death: Bronchopneumonia, right lung, with hydrothorax and ~~Dead~~ pericarditis — Duration: 7 Days

Due to: ? Lupus erythematosus disseminata — Duration: ? 3 Yrs.

Other Conditions — Duration: ? Yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Same (pending)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward W. Boggs M.D.
Johns Hopkins Hosp. Date signed 5/18/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 80730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret B Quinn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm J. Quinn
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1894

8. AGE: Years	Months	Days	If less than one day
46	9	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Geo Sponheimer
13. Birthplace Dont know

MOTHER
14. Maiden Name Margaret B. Flick
15. Birthplace Dont know

16 (a) Informant Mrs J. Quinn
(b) Address 802 E. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Balto.
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto St.

19 (a) MAY 18 1941 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1941, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 15 1941, and that I last saw her alive on May 15 19

Immediate cause of death	Duration
Cardiac Failure	
Due to Carcinoma of Uterus	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur C Morningen M. D.
Address 800 E North Ave Date signed

F 80731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl A. Dominick

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-01-7909

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 5. 1875

8. AGE: Years 65 | Months 10 | Days 11 12 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Station Engineer

11. Industry or business

FATHER
12. Name Dominick
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Blanche Dominick
(b) Address 136 S. East ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location East North ave

18 (a) Funeral director John A. Moran
(b) Address 3800 E. Baltimore st.

19 MAY 18 1941 Filed by Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1941, at 12:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from [redacted] 19 41 to May 17 1941.
and that I last saw h[redacted] alive on May 16/41.

Immediate cause of death. Chronic Myocarditis — Duration 5 yrs
Due to Bed ridden 4 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Huston M. D.
Address 4309 Jk Rd Date signed May 17/41

VS 3

80732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c F 80732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2731 Greenmount Ave (If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tony Mitchell

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 214-03-0051

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	married

6 (b) Name of husband or wife Maria Mitchell
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1901.

8. AGE: Years	Months	Days	If less than one day
39 39	5	1	hr. min

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Cake Finisher
11. Industry or business

FATHER
12. Name Pasquale Marci
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Galinio
15. Birthplace Italy

16 (a) Informant Maria Mitchell
(b) Address 2731 Greenmount ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Edmondson Ave.

18 (a) Funeral director Wendell Siegel
(b) Address 315 N. Highland ave

MAY 18 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury of chest — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/16/41 2.5.2
(c) Where did injury occur? Annapolis Rd. + B&O Bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Factory (Specify type of place) While at work? Yes
(e) Means of injury Struck obstruction - automobile

23. Signature H. W. Vandeventer M.D.
Medical Examiner.

Date signed 5/16/41

F 80733

Barnard

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-a

F 80733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Barnard 218-01-2176

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Lillie Barnard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/1890

8. AGE: Years	Months	Days	If less than one day
51	1	20	hr. min.

9. Birthplace Western Port, Maryland (Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER
12. Name Fuller Barnard
13. Birthplace Frostburg, Maryland

MOTHER
14. Maiden Name Ada Hitchins
15. Birthplace Barrelville, Maryland

16 (a) Informant Mrs. Ada Barnard
(b) Address 818 Beaumont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Phipps
Location Western Port

18 (a) Funeral director A. Riley Wade
(b) Address 4907 York Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 7H M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941, to May 18 1941, and that I last saw h him alive on May 18, 1941.

Immediate cause of death: Emphysema - left chest
Etiology undetermined — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kopanik Jr. M. D.
Address St. Joseph's Hosp. Date signed 5-18-41

80734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 83-a

F 80734

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5200 Guyon Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Guyon Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin Pierce McConnell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Betty Crawford McConnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13th 1856

8. AGE: Years	Months	Days	If less than one day
85	2	4	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Retired Time Keeper
11. Industry or business B & O R.R.

FATHER
12. Name Thomas McConnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Isabella Taylor
15. Birthplace "

16 (a) Informant Mary Lee Rabermagel
(b) Address 5200 Guyon Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location " Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAY 19 1941 (b) Huntington Williams, M.D.
Date received by registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1941, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/ 1941 to 5/17/41 19; and that I last saw h(im) alive on 5/17/41 19

Immediate cause of death: Cerebral Hemorrhage
Due to: arterio-sclerosis
Due to: Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harper M. D.
Address 6701 Evergreen Ave Date signed 5/18/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 80735

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Patapsco st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Patapsco St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie M. Keene

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ James Keene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th 1893

8. AGE: Years	Months	Days	If less than one day
48	1	0	hr. min.

9. Birthplace Northumberland Co. Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Dorsey E. Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Hayzie
15. Birthplace Va.

16 (a) Informant Mrs Thomas Haynie
(b) Address 1707 Olive st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 19 1941

MEDICAL CERTIFICATION 1 45

20. DATE OF DEATH 5/17 1941 at ~~5~~ 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1941, to May 17 1941, and that I last saw h~~im~~er alive on 19

Immediate cause of death	Duration
Toxemia from Carcinoma	one
Due to	
Due to Thrombophlebitis [redacted] of both legs	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Bolgano Date signed 5/19/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 80736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. E 80736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4274 Vincent St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	widow

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1886

8. AGE: Years	Months	Days	If less than one day
54 55	9	-	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name
13. Birthplace Unk

MOTHER
14. Maiden Name Known
15. Birthplace

16 (a) Informant Jeanette Floyd
(b) Address 927 N Vincent St

17 (a) Burial (b) Date thereof 5/19/41 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1313 Preston

MAY 19 1941

(a) (b) Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 9:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/16/41

Taylor Williams, MD

80737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

Registered No. F 80737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 Mt Olivet Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 334 Mt Olivet Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Sohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annah E. Sohn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1851

8. AGE: Years	Months	Days	If less than one day
89	4	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired Butcher
11. Industry or business

FATHER
12. Name Moritz Sohn
13. Birthplace Germany

MOTHER
14. Maiden Name Muller
15. Birthplace Germany

16 (a) Informant Mrs. Arthur J. Davis
(b) Address 334 Mt. Olivet Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick ave

MAY 19 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 16 1941 and that I last saw him alive on May 16 1941

Immediate cause of death: Arteriosclerosis — Duration: 4 Y

Due to Hypertension — Duration: 1 Y

Due to Auricular Fibrillation — Duration: 5 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred T. Lyons, M.D.
Address 332 Fremont Ave Date signed 5/16/41

80738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 80738

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5614 Purdue Avenue
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5614 Purdue Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE MAE GERMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Married

6 (b) Name of husband or wife J. Oscar German
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1888

8. AGE: Years	Months	Days	If less than one day
52	11	16	hr. min.

9. Birthplace Mendota, Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel W. Garrett
13. Birthplace Virginia

MOTHER
14. Maiden Name Matilda Routh
15. Birthplace Virginia

16 (a) Informant Mr. J. Oscar German
(b) Address 5614 Purdue Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Avenues

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1941, at 1:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to 5/16 1941.
and that I last saw h alive on 5/15 1941.

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to Acute Progressive encephalitis	7 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Tevis
Address 6701 York Rd. Date signed 5/17/41 M. D.

19 Sep 3 Huntington Williams, Registrar

F 80739 ! BALTIMORE CITY HEALTH DEPARTMENT F 80739 !

CERTIFICATE OF DEATH

Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Lee Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Wh	Widowed

6 (b) Name of husband or wife Joseph A. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1875

8. AGE Years	Months	Days	If less than one day
65	11	9	hr. min.

9. Birthplace Lexington Va. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Edward Johnson
13. Birthplace Lexington Va.

MOTHER
14. Maiden Name Mollie Wash
15. Birthplace Lexington Va.

16 (a) Informant Joseph A. Kelly
(b) Address 1309 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St

19 MAY 16 1941 (Date rec'd by registrar) (b) [illegible] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 41 at 2 25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Multiple fractures, Crushing injury of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/15/41
(c) Where did injury occur Baltimore (City or town) 7 Fulton St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian - struck by automobile

23. Signature [illegible] Medical Examiner. M.D.
Date signed 5/16/41

VS 6

80740 ¹ F 80740 ¹

SS 65859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N. Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Griffith

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No. ~~Unknown~~ 219-05-1264

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	1	hr. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: Stevedore
11. Industry or business: Unemployed

FATHER
12. Name: Albert Griffith
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Matilda Williams
15. Birthplace: Va.

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 1086 Montgomery St

19 (a) (Date received by registrar) (b) Hunter Hon Williamson, M.D.

MAY 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1941, at 3 5-5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1941 to 5-17 1941, and that I last saw h.m alive on 5-17 1941.

Immediate cause of death	Duration
Acute bacterial endocarditis	(unk ?)
Due to Lobar pneumonia	8 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 5-17-41

F 80741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 80741

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 Winters Avenue
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN SCOTT, JR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	219-07-8119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Josephine Jenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	26	hr. min.

9. Birthplace Catonsville, Maryland
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Maryland Training School

FATHER
12. Name John Scott
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Kate Smith
15. Birthplace Washington, D. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Baird & Brown & Son
(b) Address 108 W Montgomery Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1941 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22, 1941 to May 14, 1941, and that I last saw him alive on May 14, 1941.

Immediate cause of death	Duration
Hemorrhage	2 weeks
Due to Gastric ulcer	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 5/18/41 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80742 — B F 80742 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 N. Bruce St
(c) Hospital or institution: N
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) N

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 N. Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George R Lyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25 1894

8. AGE: Years	Months	Days	If less than one day
46	4	23	hr. ..... min.

9. Birthplace A A Co Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Lyles
13. Birthplace A A Co Md

MOTHER
14. Maiden Name Eliza Howard
15. Birthplace A A Co Md

16 (a) Informant Fannie Smith
(b) Address 500 N. Bruce

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 372 N Schroeder St

19 MAY 19 1941 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941, to May 18 1941, and that I last saw him alive on May 18 1941.

Immediate cause of death	Duration
Acute Endocarditis	10 days
Due to Vegetative Rheumatism	1 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. C. Lusk, M. D.
Address 1111 N Arlington Ave Date signed May 19 41

VS 3

F 80743 | BALTIMORE CITY HEALTH DEPARTMENT | F 80743

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Dolphin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Ronald Coleman (Birth F 1066)

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	infant

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13 40

8. AGE: Years	Months	Days	If less than one day
	5	3	hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation:

11. Industry or business:

FATHER
12. Name: William Coleman
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Julia Henderson
15. Birthplace: Balto Md.

16 (a) Informant: Julia Coleman
(b) Address: 708 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-19-41 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Mem ~~5-19-41~~
Location: Arbutus Md

18 (a) Funeral director: S. H. Davenport
(b) Address: 1006 Penna. Ave

MAY 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 P.M. 5-16 1941 to 4 P.M. 5-16 1941, and that I last saw h[illegible] alive on 5-16 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Pneum. Meningitis	?
Due to Pneumonia	3 wks. ? over
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Pneumonia, Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: E. Dodane, Jr. M. D.
Address: Univ. Hosp. Date signed 5-17-41

80744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 80744

Registered No.

1. PLACE OF DEATH: 223 N. Arlington Ave.
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED: 223 N. Arlington
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Arlington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alex Curtis

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 - 1871

8. AGE: Years 71/64 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Alex Curtis

13. Birthplace Md.

14. Maiden Name

15. Birthplace

16 (a) Informant Mary Thomas

(b) Address 223 Arlington Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof May 19 41
(month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Baltimore

18 (a) Funeral director Walter B. Griggs

(b) Address 139 W. Hamilton St.

MAY 19 1941 (b) Huntington Md
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941 to May 16 1941, and that I last saw h alive on May 15 1941.

Immediate cause of death

Organic Dis Heart

Due to Arterio-Sclerosis

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury V. L. Norwood

23. Signature

Address 709 W Fayette Date signed May 19 41 M. D.

VS 2

F 80745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

Registered No. F 80745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4020 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter P. Gray

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 1887

8. AGE: Years 53 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Clerk - Post Office
11. Industry or business Washington, D. C.

FATHER
12. Name Joshua Gray
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Jane Kurtz
15. Birthplace Maryland

16 (a) Informant Miss Elizabeth Gray
(b) Address 4020 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1941 (month) (day) (year)
(c) Cemetery or crematory Goodwill
Location Harford Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) MAY 19 1941 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941 to May 17 1941, and that I last saw h[illegible] alive on May 16 1941.

	Duration
Immediate cause of death: Carcinoma - metastatic to liver (Original site not known)	7 Wks.
Due to: Bronchopneumonia	1 Week
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Liver + Peritoneal metastases
Of autopsy: Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Harpegan M. D.
Address 214 Medical Arts Bldg. Date signed 5/17/41

F 80746 ¹

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80746 ¹ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2734 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Ignatius Zalenski

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Frank Lechert
(b) Address 2734 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St.

MAY 19 1941 (Date Rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941 19 , at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1941, to 5-17 1941, and that I last saw h alive on 5-17 1941.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 147 N. East Ave. Date signed 5-18-41

F 80747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 80747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 S. Ann Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S. Ann Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME Peter Matczuk

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5088

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora Matczuk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Dora Matczuk
(b) Address 215 S. Ann Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus (illegible)
Location Baltimore city

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St.

19 MAY 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941 to May 17 1941, and that I last saw h alive on May 14 1941.

Immediate cause of death	Duration
Carcinoma Biliary Tract (Gall Bladder)	
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Gall Bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Anton Stanczak
Address 4079 Eastern Ave Date signed 5/19/41

VS 3

80748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloan Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. and 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1st Ave. near Leeds Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Grace Warren

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1883

8. AGE: Years	Months	Days	If less than one day
57	7	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Nelson J. Warren
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth T Birman
15. Birthplace Md

16 (a) Informant Mrs. Lillian L. Davis (Sister)
(b) Address 1733 Twitton Ave Arbutus Md

17 (a) Burial (b) Date thereof May 19/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Rd

18 (a) Funeral director Harry H. Wheaton
(b) Address 4101 Edmondson Ave.

(a) (Date rec'd by registrar) (b) Registrar

19 [illegible] 0 DHS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1941, at 3:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to May 17 1941, and that I last saw him alive on May 16 1941.

Immediate cause of death: Ca of the Rectum Vascular disease — Duration: 6 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Wheaton

Address 4309 York Rd Date signed 5/17/41 M. D.
Wheaton

F 80749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

F 80749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Belair Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Belair Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME ANNA MARY PIETROFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Henry Pietroff
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 10 1872

8. AGE: Years	Months	Days	If less than one day
69	4 5	8	..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Holzschuh
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Joseph H. Pietroff
(b) Address 1539 Abbottson Street

17 (a) Burial (b) Date thereof May 21-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Josh Stein & Sons
(b) Address 3001 Huntingdon Ave

19 (a) MAY 19 1941 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Hypertension Cardiovascular	
Due to Cancer.	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-19-41

VS 6

F 80750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

F 80750

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Brunt st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Brunt st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARMSTEAD JACKSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1873

8. AGE: Years 67 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Jackson
13. Birthplace Va

MOTHER
14. Maiden Name ? Ball
15. Birthplace Va

16 (a) Informant Rachel Johnson
(b) Address 2006 N. Brunt St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/19/41 (month) (day) (year)
(c) Cemetery or crematory Lancaster
Location Co Va

18 (a) Funeral director Wes. G. Nelson
(b) Address 1363 Preston St

MAY 19 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1941 at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Pneumonia, lobar right

Duration

Due to

Due to

Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenstein M.D.
Medical Examiner.

Date signed 5-19-41

VS 6

F 80751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N F 80751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 W 25th st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 W 25th st (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 yrs years

3 (a) FULL NAME Ellen Duffy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72		7		

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Fahey
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Fahey
15. Birthplace Ireland

16 (a) Informant Catherine E. Duffy
(b) Address 420 W 25th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo. E. Sparks
(b) Address Lexington & Fayette

19 (a) 5-19-1941 (Date) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1940 to May 17 1941, and that I last saw her alive on May 17 41.

Immediate cause of death: Paracyesis — Duration: 3 days
Due to: Cachexia Malignancy — Duration: Indefinite
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 112 W. 25 Date signed May 19 1941

Registrar

VS 3

#14
80752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. 80752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johns
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3926 Piedmont Ave. 1328
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Birnie

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1876

8. AGE: Years	Months	Days	If less than one day
65	3	8 9	hr. min.

9. Birthplace Bolton England (Town, county and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name John Thomas Birnie
13. Birthplace England

MOTHER
14. Maiden Name Jane Humphreys
15. Birthplace England

16 (a) Informant Mrs. Anna L. Cockey
(b) Address 3426 Piedmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 MAY 19 1941 (Date rec'd by registrar) Hunterston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1941, at 7:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1941, to 5-17 1941, and that I last saw h[illegible] alive on 5-17 1941.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Arteriosclerotic Cardio vascular disease	
Due to	
Other Conditions Diabetes Mellitus, Bilateral Cataracts; Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly, M.D.
Address Wootton Bldg. Date signed 5/19/41

VS 3

80753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 99

Registered No. E 80753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Greenmount Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Greenmount Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLIE ELIZABETH TOWNSEND

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1867

8. AGE: Years	Months	Days	If less than one day
73	9	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William E. Townsend
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Thayer
15. Birthplace Maryland

16 (a) Informant Mr. Charles J. Miller
(b) Address 3604 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

16 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAY 19 1941 (Date rec'd by registrar) (b) Huntington Wilkerson, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 8:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1941 to May 17 1941, and that I last saw him alive on May 17 1941

Immediate cause of death: Cerebral Arteriosclerosis.
Due to
Due to
Other Conditions T. Bronchopneumonia (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. L. Ewald Jr. M. D.
Address 36 York Court Date signed 5/19/41

80754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 80754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Gilmore & Doctor Gore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. East

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-18-0143

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Eva C. East
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 24, 1884

8. AGE: Years	Months	Days	If less than one day
56	6	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Petroleum Company

FATHER
12. Name George East
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Eva C. East
(b) Address Woodlawn, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

MAY 19 1941
(c) (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1941, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1941, to 5-19 1941, and that I last saw h alive on 5-19 1941.

Immediate cause of death Pulmonary edema & Cardiac decompensation — Duration 11 days

Due to hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo B Barnes M. D.
Address Mercy Hospital Date signed 5-19-41

VS 3

80755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-E Registered No. E 80755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME EMORY C. GROGG

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6865

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna S. Grogg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1894

8. AGE: Years	Months	Days	If less than one day
46	6	10	hr. min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation Bridgeman
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John Grogg
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace Maryland

16 (a) Informant Mrs. Emory Grogg
(b) Address Hampstead, Md.

17 (a) Burial (b) Date thereof May 21, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Carroll Co, Md

18 (a) Funeral director Edward C. Tipton
(b) Address Hampstead, Md.

MAY 19 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 8 25/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fracture of pelvis

Due to

Other Conditions Pneumonia
lobular, and lobar
(Include pregnancy within 3 months of death)

Major findings:
Of operations two

Of autopsy Confirm above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 15, 1941 1:45
(c) Where did injury occur? Enter Place and Premium St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 5-19-41

VS 6

80756 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓ F 80756

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 24 days
(e) Length of stay in Baltimore (yrs., mos., or days): 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 617 Brice St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Archie Dexter Walters

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 226-14-2631

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 1, 1896

8. AGE: Years	Months	Days	If less than one day
45	1	15	hr. min.

9. Birthplace: Christianburg, Virginia (Town, county, and state)

10. Usual Occupation: Mill worker

11. Industry or business:

FATHER
12. Name: Preston Walters
13. Birthplace: Christianburg, Va.

MOTHER
14. Maiden Name: Mollie McGuire
15. Birthplace: Christianburg, Va.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: May 20-41. (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cem.
Location: Baltimore - Md.

18 (a) Funeral director: Charles J. Schwab.
(b) Address: 505 N. Monroe St.

MAY 19 1941 (Date received by local registrar) Huntington Williams Mgr.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16, 1941, at 3:20p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1941, to May 16, 1941, and that I last saw h im alive on May 16, 1941.

Immediate cause of death	Duration
Uremia and bronchopneumonia (right lung)	2 hrs 2 da.
Due to: Exacerbation of chronic glomerulo nephritis	Syntomatic
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [signature] M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 5/16/41

F 80757 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

80757 !

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6708 Roberts Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6708 Roberts Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Jacob Zielinski

3 (b) If veteran, name war: ----
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1858

8. AGE: Years	Months	Days	If less than one day
82	11	29	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Mary Marszalek (Daughter)
(b) Address 6712 Roberts Avé

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Co.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street.

19 MAY 19 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1941, at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to May 17 1941, and that I last saw him alive on May 17 1941.

	Duration
Immediate cause of death: Chronic myocarditis	3 mos
Cardio-Vascular-renal disease	11/12 yrs
Due to: arterio-Sclerosis.	10 yr.
Due to: —	
Other Conditions: Inguinal Hernia (left)	10 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Hans P. Kraemer M. D.
Address 722 N. Kenwood Ave Date signed 5/18/41

VS 3

80758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127-M

Registered No. 80758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Eight St.
(c) Hospital or institution: South Baltimore General.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Warden St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Edward P. Donahue

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie P. Donahue (nee Koval) 6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1907

8. AGE: Years 33 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Baltimore City

FATHER 12. Name Patrick Donahue
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Quinn
15. Birthplace Ireland

16 (a) Informant Mrs. Marie P. Donahue
(b) Address 1013 Warden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 19 41 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Campbell Son
(b) Address 924 E. Eager St.

19 (a) MAY 19 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 19 41, to May 17, 19 41, and that I last saw h. (he) alive on May 17, 19 41.

	Duration
Immediate cause of death: Pneumonia	over
Due to: Intestinal Obstruction	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Cholecystitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Leonard M. D.
Address S. Balto Hosp. Date signed

F 80759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 80759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town GREENSBORO (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Allen Sangston.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Greensboro Md. (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER
12. Name John G. Sangston
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Ann Conuggs
15. Birthplace Md.

16 (a) Informant Laurence P. Sangston
(b) Address 2109 Dennison St.

17 (a) Greensboro (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory
Location Greensboro, Md

18 (a) Funeral director Ellis S. White
(b) Address 2840 Coldspring Lane

19 (a) (Signature of local registrar) (b) Huntingtn Williams M.D.

MAY 19 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 2:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1941, to May 19 1941, and that I last saw him alive on May 19 1941.

Immediate cause of death	Duration
Pulmonary Edema	8 hours
Due to Coronary Thrombosis	several days
Due to ARTERIOSCLEROSIS	several yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WC Livingood M. D.
Address Mercy Hospital Date signed 5/19/41

80760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

F 80760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 5th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Huber ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-1689

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Harriet Huber
6 (c) If alive, give age ? 45 years

7. Birth date of deceased (mo., day, yr.) July 6, 1891

8. AGE: Years	Months	Days	If less than one day
49	10	11	hr. min.

9. Birthplace (?) Baltimore, Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business ?

FATHER
12. Name ? William Huber
13. Birthplace Md

MOTHER
14. Maiden Name ? Margaret Murr
15. Birthplace Md

16 (a) Informant Mrs Harriet Huber (wife)
(b) Address 3707 5th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 MAY 19 1941 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1941, at 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1941, to 5-17 1941, and that I last saw h/m. alive on 5-17 1941.

Immediate cause of death	Duration
Meningitis	
Due to Meningococcus	2 days ?
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy To be done at Path. Dept Johns Hopkins Hosp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hospital Date signed 5-17-41

VS 3

F 80761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 80761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Lyle
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. Clement St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Crouch

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife Harry E. Crouch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1877

8. AGE: Years	Months	Days	If less than one day
64	4	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Edwin Roark
13. Birthplace Md

MOTHER
14. Maiden Name Helen Travers
15. Birthplace Md

16 (a) Informant Mr Harry E Crouch
(b) Address 410 E Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Marack
(b) Address 716 Light St

19 MAY 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1941, at 8:20 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1941, to 5/18 1941, and that I last saw her alive on 5/18 1941.

Immediate cause of death	Duration
Embolism from phlebitis of left leg	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5/7/41
Major findings of operation: acute gangrenous appendicitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 5/18/41

VS 3

F 80762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80762 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Cleveland St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 1228 Cleveland St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel T. H. Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1874

8. AGE: Years	Months	Days	If less than one day
67	4	3	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Electrical Helper
11. Industry or business B. & O. R. R.

FATHER
12. Name William Waters
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Henrietta Sill
15. Birthplace Howard Co., Md.

16 (a) Informant Mrs. Mary A. Waters
(b) Address 1228 Cleveland St.,

17 (a) Burial (b) Date thereof May 20, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, A.A.Co., Md.

18 (a) Funeral director J. Howard Strong
(b) Address 1915 Light St.,

19 MAY 19 1941 (b) Huntington Hill.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941 at 11.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1941 to 5-17-1941, and that I last saw h.. alive on 5-17-1941

Immediate cause of death	Duration
Acute Heart Failure	
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Lee M. D.
Address 2716 Urlehana Rd. Date signed 5/19/41

VS 3

F 80763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 80763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Portsmouth
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry O. Lember

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1903

8. AGE: Years 38 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Portsmouth, Virginia
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Harry O. Lumber
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sallie Ritley
15. Birthplace Matthew County, Va.

16 (a) Informant Charles H. Myers
(b) Address Matthews County, Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 19-41 (month) (day) (year)

(c) Cemetery or crematory Oak Grove Va
Location Virginia

18 (a) Funeral director William Cook
(b) Address 217 St Paul Street

19 (a) MAY 19 1941 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1941, at 9 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions Moderately advanced decomposition 7 ad Vis cera
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found Drowned
(b) Date of occurrence Probably 5/or 2/1941
(c) Where did injury occur? Harbor front 7 S. Dock St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury See 22 a

23. Signature Howard J. Mueller M.D.
Medical Examiner.

Date signed 5/5/41

VS 6

80764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 80764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or Institution: So Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. McComas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BYARD Winter DAVIS (Birth F 28087)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 18 1941

8. AGE: Years	Months	Days	If less than one day
			3 hr. — min.

9. Birthplace So. Balto Gen Hosp (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name RAYMOND DAVIS
13. Birthplace BALTO

MOTHER
14. Maiden Name KATHERINE Wecklein
15. Birthplace BALTO

16 (a) Informant Raymond Davis
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] MAY 19 1941 Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address Huntington

19 (a) MAY 19 1941 (Date Rec'd by Registrar) Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1941, to 5-18 1941, and that I last saw him alive on 5-18 1941.

Immediate cause of death Prematurity (26 wks) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melvin D Tappelmeier, M.D.
Address 1213 Light St Date signed 5/19/41

VS 8

F 80765 ' BALTIMORE CITY HEALTH DEPARTMENT × ✓ F 80765

CERTIFICATE OF DEATH 94 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lord Baltimore Hotel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21d
(e) Length of stay in Baltimore (yrs., mos., or days) 21d

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County
(c) City or town Louisville (If outside city or town limits write RURAL and give town)
(d) Street No. Cherokee Park (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country

3 (a) FULL NAME Frederic M. Sackett

3 (b) If veteran, name war: ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Olive Speed
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1868

8. AGE: Years	Months	Days	If less than one day
72	5	21	1 hr. ___ min.

9. Birthplace Rhode Island (Town, county and state)
10. Usual Occupation Retired Atty.
11. Industry or business

FATHER 12. Name Frederic M. Sackett
13. Birthplace ✓

MOTHER 14. Maiden Name Emma ✓
15. Birthplace ✓

16 (a) Informant Mrs. P. S. Speed
(b) Address 2828 Lexington Road Louisville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 / (month) (day) (year)
(c) Cemetery or crematory Cave Hill Cem
Location Louisville Ky.

18 (a) Funeral director John O. McCabe Sons
(b) Address 1900 Eutaw Place

19 (Date rec'd by reg.) MAY 19 1941 (Date rec'd by local reg.) H. E. Hamilton Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1941 to May 18 1941, and that I last saw h[im] alive on May 18 1941.

Immediate cause of death	Duration
coronary thrombosis	1 hour
Due to arteriosclerosis, angina d'attales	5-6 years
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Randall R. Smith, Jr.
Address 1014 St Paul Street Date signed 5/18/41 M. D.

80766 '

80766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W ✓ Registered No. E 80766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 South East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 South East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME VERONICA JACKOWIAK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-7413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife William Jackowiak
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan 14 1878

8. AGE: Years	Months	Days	If less than one day
63	4	14	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business —

FATHER
12. Name William Pitgorski Jackowiak
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant William Jackowiak
(b) Address 514 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, '41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Nat. Indep. Cem.
Location German Hill Rd.

18 (a) Funeral director Martin W. E. Dippold Sons
(b) Address Broadway & Ann Sts.

MAY 19 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions hs
(Include pregnancy within 3 months of death)

Major findings:
Of operations hs Fracture of skull
Of autopsy hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-17-41
(c) Where did injury occur? at home - Edgewood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell down stairs of home

23. Signature H. G. Wallenmeyer M.D.
Coroner and Medical Examiner.
Date signed 5-18-41

VS 6

F 80767 1 KRAINER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178-a

F 80767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 E. Pratt Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Stephen Krainer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-05-0775

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Barbara C. Krainer
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb. 18 - 1918

8. AGE: Years	Months	Days	If less than one day
23	2	19	hr. min.

9. Birthplace: Balto. Md
(Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Rubber Mfg Truck

FATHER
12. Name: Stephen Krainer
13. Birthplace: Poland

MOTHER
14. Maiden Name: Margaret ——
15. Birthplace: Poland

16 (a) Informant: Barbara C. Krainer
(b) Address: 1747 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 20 41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Beloit, Pa.

18 (a) Funeral director: Mark R. C. Koppel
Address: 34 S. Ann St.

MAY 19 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1941, at 8:05 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-17-41
(c) Where did injury occur? 1747 E. Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Defective gas water heater

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 5-17-41

VS 6

80768 ZITZER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V ✓ F 80768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Zitzer Stoger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife Laura Langebeine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation Cabinet maker
11. Industry or business

FATHER
12. Name Albert
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Seitz
15. Birthplace Penn.

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

19 (a) (Date received by registrar) (Signature of registrar) Huntington Williams M.D. Registrar

MAY 19 1941

VS 1

MEDICAL CERTIFICATION

8.30 P.

20. DATE OF DEATH May 17 1941, at M

21. I certify that death occurred on the date above stated, at MAY 16 1941 M. and that I last saw deceased on MAY 17 1941 alive on MAY 17 1941.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
† Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: X X
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence X X at X X M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X X While at work? X X
(Specify type of place)
(e) Means of injury None

23. Signature Otto F. Busse M.D.
Address 928 E. North Ave. MAY 19 1941 Date signed

F 80769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 117-a

Registered No. F 80769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W. Winters Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Leo J. Garvey
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-1403

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma B. Mrs. Leo J. Garvey
6 (c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, year): Nov. 8, 1887
8. AGE: Years 59 | Months 2 | Days 16 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business:

FATHER
12. Name: Peter Garvey
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine Betzold
15. Birthplace: Maryland

16 (a) Informant: Mrs. Leo J. Garvey
(b) Address: 17 Winters Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19, 1941 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem.
Location: Baltimore

18 (a) Funeral director: Easton Sons
(b) Address: Edmondson Village

19 (a) MAY 20 1941 (Date received by registrar) (b) Huntington Hill, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 19 41 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1941, to 5/16 1941, and that I last saw h[illegible] alive on 5/16 1941.

Immediate cause of death: Pustric Hemorrhage — Duration

Due to

Due to

Other Conditions: Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pylonic Ulcer.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address: St. Agnes Date signed: 5/17/41

80770 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-CVE 80770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Hrantley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Hrantley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Edwards McGinnis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah McKenzie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1861

8. AGE: Years 79 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry Department Machine Corp.

FATHER
12. Name William McGinnis
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Susan M Seaman
15. Birthplace Frederick Md

16 (a) Informant William E. McGinnis
(b) Address 614 Hrantley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) MAY 19 1941 (b) Huntington Williams M.D.
(Filed by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of abdomen

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 5/18/41
(c) Where did injury occur? 614 Hrantley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Pistol Bullet

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/18/41

80771 ?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 80771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Cordova (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Wilmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-89

8. AGE: Years 52 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Stewart
13. Birthplace Md

MOTHER
14. Maiden Name Rosetta Hardin
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Cemetery Interment
Location Cordova, Md.

18 (a) Funeral director R. B. Rawlings
(b) Address Greensboro Md.

19 (a) MAY 19 1941 (b) Registrar Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1941 to May 19 1941, and that I last saw her alive on May 19 1941.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions Cystic ovary

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Houghton M. D.
Address J. H. H. Date signed

80772 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

V E 80772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3642 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY ELIZABETH HOOPER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Edward W Hooper
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1877

8. AGE: Years	Months	Days	If less than one day
63	8	9	hr. min.

9. Birthplace Carroll County Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Carr
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah E. Bloom
15. Birthplace Maryland

16 (a) Informant Myrtle M Brenner
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1941 (month) (day) (year)
(c) Cemetery or crematory Taneytown
Location Carroll Co Md

18 (a) Funeral director Horace F. Bugge
(b) Address 2423 Falls Road

19 MAY 19 1941 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 8 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~autopsy~~ inquiry find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Hs
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hs
Of autopsy Hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 5-19-41

80773
OVER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No. F 80773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Bartlett Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-8

3 (a) FULL NAME Edward L. Hilburn

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873.

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Baltimore (Town, county, and state) Md.
10. Usual Occupation
11. Industry or business

FATHER
12. Name John T. Hilburn
13. Birthplace Unknown.

MOTHER
14. Maiden Name Maria May
15. Birthplace —

16 (a) Informant Mrs H. Elder.
(b) Address 638 Bartlett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M. Dreyfelet
(b) Address 557 [illegible] Washington Boulevard, Md.

MAY 19 1941 (Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1941, to May 17 1941, and that I last saw h 2m alive on May 17 1941.

Immediate cause of death Carcinoma of Liver (Cleanne's)

Duration
over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Grandfield M. D.
Address St Joseph's Hospital Date signed May 17

VS 3

F 80774 11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 80774

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Rose Roody

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Mark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Selig-Friedman
13. Birthplace Poland

MOTHER
14. Maiden Name Rachel-not known
15. Birthplace Poland

16 (a) Informant Sam Roody
(b) Address 2097 Wolek Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Jack Levy Inc
(b) Address 1429 E. Baltimore St

MAY 19 1941 Washington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 18 1941, at 0x2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-15-1941 to May 18 1941, and that I last saw h.r alive on 5/18-1941.

Immediate cause of death Multiple Myeloma — Duration about 6 months

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Weinfeld M. D.
Address 2704 Eutaw Pl Date signed 5/18/41

F 80775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-31-41

F 80775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5129 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DR. EDWARD WILSON SICKEL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MRS. E. W. Sickel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 3, 1899

8. AGE: Years	Months	Days	If less than one day
42	1	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business Dr.

FATHER
12. Name George W. Sickel
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Grace A. Wilson
15. Birthplace Balto Md

16 (a) Informant Pearl M. Sickel
(b) Address 5129 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 19 1941, at 5 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 9 1941, to MAY 19 1941, and that I last saw HIM alive on MAY 19 1941.

Immediate cause of death	Duration
URAEMIA	
Due to CHRONIC GLOMERULO-NEPHRITIS	
Due to	
Other Conditions HYPERTENSION, NEPHROTIC SYNDROME (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Crawford
Address Union Mem. Hosp. Date signed M. 5 D. 19/41

E 80776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-P

Registered No. E 80776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs 2 m 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 E. 39th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

97

3 (a) FULL NAME Mr. Howard A. Keim

3 (b) If veteran, name war: A
3 (c) Social Security Account No. 216-05-5369

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed,~~ or divorced
Male	White	Divorced

6 (b) Name of husband or wife: No Record
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1882

8. AGE: Years	Months	Days	If less than one day
about 58	8	24	hr. min.

9. Birthplace: Marysville Pa
(Town, county, and state)
10. Usual Occupation: Explosives Inspector
11. Industry or business: Hitman, Reynard, Smith

FATHER
12. Name: Calvin Keim
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Anna B. Falk
15. Birthplace: Balto Md.

16 (a) Informant: Raymond F. Fahey
(b) Address: 723 Cator Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Chestnut Ridge
Location: Marysville Pa.

18 (a) Funeral director: William Cook
(b) Address: 1217 E. Pratt St

19 (a) MAY 20 1941 (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1941, at 6:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1941 to May 19 1941, and that I last saw him alive on May 19 1941.

Immediate cause of death	Duration
Myocardial failure	
Due to Carcinoma of rectum	
Due to Operation - Colostomy 5/15/41.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: May 15, 1941 Carcinoma Rectum
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 5/19/41

80777 F 80777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 n Castle Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 n Castle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

8 15

3 (a) FULL NAME Victoria n Will

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband ~~or wife~~ George A Will

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 3 - 1897

8. AGE: Years	Months	Days	If less than one day
44	0	15	hr. min.

9. Birthplace Campbells NB Canada
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Philmore Chute
13. Birthplace Canada

MOTHER
14. Maiden Name Remsuff Idella
15. Birthplace Canada

16 (a) Informant n George A Will
(b) Address 1824 n Castle Street

17 (a) Burial (b) Date thereof 5 - 22 - 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Ryan St

18 (a) Funeral director Albert I Stiller
(b) Address 1606 n Charles Street

19 (a) 5-20-1941 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1941, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1931 to May 18th 1941, and that I last saw h alive on May 18th 1941.

Immediate cause of death Coronal heart Block — Duration 10 min

Due to

Due to

Other Conditions Anaemia — 3 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Idella Jr M.D.
Address 2714 E Fayette St Date signed May 18th 41

F 80778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 80778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 N. Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SALLY HICKS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Blackstone Va (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edw. Compton Va
13. Birthplace

MOTHER
14. Maiden Name India White
15. Birthplace Va

16 (a) Informant Jessie Peters
(b) Address 1124 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Md

18 (a) Funeral director Sara T. Laurence A. Stansbury
(b) Address 574 W. Saratoga St.

19 (a) MAY 23 1941 (Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 1 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ho
Of autopsy ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollammaker M.D. Medical Examiner.
Date signed 5-22-41

VS 6

80779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 80779

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs. 54 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Second Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Knotlock F 28141

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-41

8. AGE: Years	Months	Days	If less than one day
			3 hr. 54 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Carl Knotlock
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura Anna Bermuth
15. Birthplace Baltimore Md.

16 (a) Informant Wm Carl Knotlock
(b) Address 6 Second Ave Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Robt. S. Gilds
(b) Address 2700 Edmondson Ave

19 (Date received by registrar) MAY 20 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1941, at 12:19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18-1941 to 5-19-1941, and that I last saw her alive on 5-19-1941.

Immediate cause of death	Duration
Cardio-respiratory insufficiency	
Congenital anomalies	
Due to	
marked prematurity (6 mo +)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Owe Chisholm Jr. M.D.
Address St Agnes Hosp Date signed 5/19/41

VS 3

F 80780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 80780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 N Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(b) Street No. 635 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Scott Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced.
Female | colored | Separated

6 (b) Name of husband or wife Otho Brown
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months — | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Scott
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Sorrell
15. Birthplace Md

16 (a) Informant Ruth Brown Sampson
(b) Address 635 N. Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 21 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 1412 W Lafayette Ave, Huntington Md

19 (a) MAY 20 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1941 to May 17 1941, and that I last saw her alive on May 16 1941.

Immediate cause of death: Mitral Insufficiency — Duration Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher
Address 462 E Monument Date May 18

VS 8

F 80781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 80781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 940 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 940 S. Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jas. Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Smith
15. Birthplace Md.

16 (a) Informant Mrs. Violet Johnson
(b) Address 512 N Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 22-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A. Hayes
(b) Address 142 W. Fairfield St Huntington Station, L.I.

19 (a) MAY 26 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1941, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1941, to May 17 1941, and that I last saw h[illegible] alive on May 17 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2-3 days
Due to Hypertensive Cardiovascular Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Eustace, M. D.
Address 503 N Fremont Date signed May 22

VS 3

F 80782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 80782

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 1/2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Burton. (Birth F 28091)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: AA.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5-13-41

8. AGE: Years | Months | Days | If less than one day: 4 hr. 23 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Robert Burton

FATHER 13. Birthplace Hanover Co. Va.

MOTHER 14. Maiden Name Rose Augusta Bailey

MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Rose Burton

(b) Address 222 Montford Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory Municipal Furnace

Location

18 (a) Funeral director

(b) Address

19 (a) May 20 1941 (Date received by local registrar) (b) Signature of Williams M.D. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-1941, at 12:48 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13-1941, to 5-13-1941, and that I last saw her alive on 5-13-1941

Immediate cause of death	Duration
Congenital Atelectasis	4 hrs 23 min
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.

Address Provident Hospital Date signed 5/16/41

VS 3

(Over)

F 80783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 80783
Registered No.

1. PLACE OF DEATH: Monument St. ✓
(a) Baltimore City, Maryland Rutland Ave.
(b) Street address Sinai Hosp.
(c) Hospital or institution:
Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hiram Nelson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emilia M. Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	7	1		

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Morris Nelson
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Harris
15. Birthplace Holland

16 (a) Informant Mrs. B. Heller
(b) Address 2408 Linden Ave.

17 (a) Entombment (b) Date thereof 5/21/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Greenmount
Location Balto. Md.

18 (a) Funeral director Baird Sondheim & Son
(b) Address 1902 Eutaw Place

19 MAY 20 1941 Meeting of Wilt
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1941, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1941, to 5/18 1941, and that I last saw him alive on 5/18 1941.

Immediate cause of death respiratory failure — Duration

Due to cerebral thrombosis

Due to

Other Conditions diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Heller M. D.
Address Sinai Hosp. Date signed 5/19/41

VS 3

F 80784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 80784

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4512 Frankford Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) about 55Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4512 Frankford Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Staab

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Hugo Staab

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan.-8-1867

8. AGE: Years	Months	Days	If less than one day
74Yrs.	4Mo.	11Days	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name John Busick

13. Birthplace Germany

MOTHER

14. Maiden Name not known

15. Birthplace not known

16 (a) Informant Mr. Hugo Staab

(b) Address 4512 Frankford Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May-21-1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd.

18 (a) Funeral director HENRY HOECK & SONS INC

(b) Address 1301 E. Eager St.

MAY 20 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May-19-1941 at 12.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to May 19 1941, and that I last saw her alive on May 19 1941

	Duration
Immediate cause of death Acute Dilation Heart	12 hrs.
Due to Myocardial Insufficiency	6 mo.
Due to Arteriosclerosis Severe	2-3 yrs.
Other Conditions Senility. (Include pregnancy within 3 months of death)	

Date of operation None.

Major findings of operations None.

of autopsy: None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Graham Manton M.D.

Address 516 Cathedral Date signed 5-20-41

F 80785 ¹

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 80785 ¹ Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene St.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 207 N. Pine St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Brenda Warren (Birth F 23865)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/41

8. AGE: Years | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name George Warren

FATHER 13. Birthplace Balto md.

MOTHER 14. Maiden Name Catherine Johnson

MOTHER 15. Birthplace Balto md.

16 (a) Informant George Warren

(b) Address 631 N. Paca st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-21-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. County

18 (a) Funeral director Maryland Undertaking

(b) Address 946 Druid Hill Ave.

19 (a) 5-20 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-41 19 , at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1941 to 5-18 1941.

and that I last saw her alive on 5-18 1941.

	Duration
Immediate cause of death Inanition	
Due to Marasmus, extreme	
Due to	Obst
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Marasmus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Peter K. Opher, M. D.

Address University Hosp. Date signed 5-19-41

VS 8

F 80786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 80786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo4da
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Bethel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hylout James Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	215-07-5341	Male	Col.	Married

6 (b) Name of husband or wife Mary Ward
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	9	hr. min.

9. Birthplace Somerset Co., Maryland. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Luther Stewart
13. Birthplace Somerset County, Md.

MOTHER
14. Maiden Name Harriett Waters,
15. Birthplace Somerset County, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/21-41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore

18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave.

MAY 20 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13, 1941 to May 17, 1941 and that I last saw him alive on May 17, 1941

Immediate cause of death	Duration
Bilateral pulmonary tuberculosis with cavitation and abscess formation on left	Unknown
Due to	
Due to	
Other Conditions Caseous tuberculosis in pancreas; possible tuberculosi in mesenteric lymphnodes (Contributing to death but not related to immediate cause of death)	Unknown

Date of operation
Major findings of operation:
Autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Coburn P.A. Surg USPHS
Address US Marine Hospital Baltimore, Maryland Date signed 5/17/41 M.D.

F 80787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 42-D

F 80787 Registered No.

Please write the words "Place of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 BINNEY ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 BINNEY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE LAWRENCE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced.: WIDOW

6 (b) Name of husband or wife: GUS LAWRENCE.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): FEB. 21 1866

8. AGE: Years: 75 | Months: 3 2 | Days: 4 2 5 | If less than one day: hr. min.

9. Birthplace: BALTIMORE (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JACOB LUTHER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKOWN
15. Birthplace: GERMANY.

16 (a) Informant: ESTHEL ARNELLA(DAUGHTER)
(b) Address: 1105 BINNEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 20/41 (month) (day) (year)
(c) Cemetery or crematory: MT. CARMEL
Location: ODONNELL ST.

18 (a) Funeral director: Tully & Zeckert Inc.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 16 1941, at 11/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1941 to May 16 1941, and that I last saw her alive on May 16 1941.

Immediate cause of death	Duration
Chronic valvular heart disease	Undetern.
Arterio-sclerosis	Undetern.
Due to	
Due to	
Other Conditions: Coronary thrombosis	2 days

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: I. B. Bronusha, M. D.
Address: 3037 O'Donnell St Date signed: 5-17-41

80788 1
Bur. 65791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V61

Registered No. E 80788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 2 Caroline street (If rural give location)
3-1
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aaron Fleming

3 (b) If veteran, name war: ?
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1898 ?

8. AGE: Years	Months	Days	If less than one day
43 ?	?	?	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Balto. Co. Md.

18 (a) Funeral director Baptist Mamick & Wright
(b) Address 1218 McCulloh St

19 (a) (Date rec'd by registrar) Hattie Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1941, at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1941, to 5-17 1941, and that I last saw h[illegible] alive on 5-16 1941.

Immediate cause of death	Duration
Uremia	?
Cerebral thrombosis	?
Due to Hypertension C.V.D.	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Hutchison M. D.
Address Balto. City Hosp. Date signed 5-18-41

VS 3

F 80789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 80789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Malden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fisher (64172)

3 (b) If veteran, name war none

3 (c) Social Security Account No. 216 03 3628

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1906

8. AGE: Years 34 | Months 5 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Fisher.
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Fisher
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial. **(b) Date thereof** May 20, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville, Md.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

MAY 20 1941 (a) (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 5 1941, to May 17, 1941, and that I last saw him alive on May 17 1941.

Immediate cause of death Pulmonary tuberculosis — **Duration** 7 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ronald K. Rathbun M.D.
Address Balto. City Hosp. **Date signed** 5-17-41

80790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 80790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3458 Kennish Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3458 Kennish
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Hasson. (Birth F28147)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1941

8. AGE: Years | Months | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation ✓

11. Industry or business ✓

FATHER
12. Name Charles C. Hasson.
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Adelsberger.
15. Birthplace Md.

16 (a) Informant Charles C. Hasson.
(b) Address 3458 Kennish Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet.
Location Frederick Rd.

18 (a) Funeral director Benjamin H. Dangerfield.
(b) Address 3615-17 Edmondson Ave.

19 (a) MAY 20 1941 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 19 1941, and that I last saw him alive on May 18 1941.

Immediate cause of death Premature Birth — **Duration** 4 days

Due to 2 lbs 3 weight

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. R. Johnson M. D.
Address 403 Medical Arts Bldg. Date signed 5-19-41

VS 8

80791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-6

F 80791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 No. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Mary Bushy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Louis F. Bushy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 9, 1874

8. AGE: Years	Months	Days	If less than one day
67		10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Richard Dorsett
FATHER 13. Birthplace Baltimore
MOTHER 14. Maiden Name Mary Ann Grimes
MOTHER 15. Birthplace Baltimore

16 (a) Informant Louis Bushy
(b) Address 1831 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22nd 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. Ext.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave.

19 (a) 19 (Date of registration) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1941, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1941, to May 19 1941, and that I last saw her alive on May 19 1941.

	Duration
Immediate cause of death: Thrombosis of Inf. Vena Cava	3 wks.
Due to Abscess of left hip	3 mos.
Due to Fracture of left hip	3 mos. 10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Fracture of left hip
Of autopsy Thrombosis of Inf. Vena Cava

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-5-41
(c) Where did injury occur? 1831 N. Castle St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps, broken

23. Signature A. B. Crampton M. D.
Address Church Home & Inf. Date signed 5-19-41
Howard J. Worden M. D.

80792 ; 80792 ; × F 80792 ;

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 80-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbott
(c) City or town Easton (If outside city or town limits, write RURAL and give town)
(d) Street No. Easton Rfd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Dixon Bartlett

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-10-6508

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-14

8. AGE: Years	Months	Days	If less than one day
27	3	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Manager Lumber Co.
11. Industry or business

FATHER
12. Name James Dixon
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz. Wright
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-22-41 (month) (day) (year)
(c) Cemetery or crematory Springhill
Location Easton-Md.

18 (a) Funeral director Stewart Mowatt Co.
(b) Address 108 W Monument Ave.

19 (a) 19 (Date rec'd by registrar) (b) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941 at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941 to May 20 1941, and that I last saw him alive on May 20 1941

Immediate cause of death	Duration
Encephalitis-type not determined - not autopsied	10 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations No pressure
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Edward Troland M. D.
Address Johns Hopkins Hospital Date signed 5-20-41

VS 3

F 80793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80793

Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-8779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie M. Smith

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 8, 1874

8. AGE: Years	Months	Days	If less than one day
67 65	10	10	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Balto. Enamel Co.

FATHER
12. Name Charles A. Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Barnes
15. Birthplace Md

16 (a) Informant Mrs. Nellie M. Smith
(b) Address 600 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Harry K. Pfeltz
(b) Address 410 Edmondson ave

19 (a) (Signature of Registrar) (b) Huntington Williams M.D.

MAY 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 11 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. (Medical Examiner)
Date signed 5/18/41

(over)

80794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H Registered No. E 80794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Marshall Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles S. Kleinsmith

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 214-01-1848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married - Separated

6 (b) Name of husband or wife Estelle S. Kleinsmith
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1913

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	9	13		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Press hand
11. Industry or business Fresh prosecution

FATHER
12. Name Franklin Kleinsmith
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Clardy
15. Birthplace Baltimore Md

16 (a) Informant Estelle S. Kleinsmith
(b) Address 1427 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Anne Arundel

18 (a) Funeral director John J. Tyler & Son
(b) Address 1518 Light St.

19 MAY 20 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 19 - 1941, at 2:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation
Due to Hemorrhaging Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-19-41
(c) Where did injury occur? 1616 Marshall St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No information
(e) Means of injury Gas range, & jet or oven

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 5/19/41

80795 !

MA 24463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-N

F 80795

Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 10 mos. 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 109 Aisquith street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Kohlhepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1856

8. AGE: Years	Months	Days	If less than one day
85	3 10	24 14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name John (d.)

13. Birthplace Maryland

MOTHER

14. Maiden Name Katharina Wills (d.)

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/41 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill Memorial Park

Location Herman Mill Rd Balto Co. Md

18 (a) Funeral director John J. Gehrt Jr.

(b) Address 1318 Light St

19 (a) MAY 20 1941 (b) Registrar

(Date rec'd by registrar)

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1941, at 10.22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1941, to 5-11 1941, and that I last saw h[illegible] alive on 5-11 1941.

	Duration
Immediate cause of death Generalized peritonitis	7 days
Due to perforated gastric ulcer	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-4-41

Major findings of operations: Closure of perforated ulcer

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence , at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ludwig W. Gehrt Jr. M. D.

Address Baltimore City Hosp Date signed 5-12-41

F 80796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 80796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 W. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1316 W. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Fourke. (Fourkes) (Foulkes)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Freeman Fourke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1888

8. AGE: Years 53. Months 4 Days If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Williams Jones.
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Miller.
15. Birthplace Va.

16 (a) Informant Henry Buxton Jones
(b) Address 913 Mc Donough St.

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory
Location Cray Va.

18 (a) Funeral director Robert L. Conner
(b) Address 804 N. Caroline St

19 (a) MAY 20 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to May 18 1941, and that I last saw h[illegible] alive on May 17 1941.

Immediate cause of death — Duration
Coronary occlusion — May 18
Due to Coronary Sclerosis
Due to
Other Conditions Nephritis, Hypertension and generalized arteriosclerosis — 14 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1424 E. Monument Date signed 5/19/41

VS 3

80797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80797 Registered No. 80797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Alexander

3 (b) If veteran, name war — (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Wid

6 (b) Name of husband or wife Orpheus Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1867

8. AGE: Years	Months	Days	If less than one day
74	3	10	hr. min.

9. Birthplace Montgomery County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business 29 -

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Wm. P. Alexander
(b) Address 2016 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 22-1941 (month) (day) (year)
(c) Cemetery or crematory Int. Baltimore County
Location Brooklyn Md.

18 (a) Funeral director George T. O. Gibson & Co.
(b) Address 1736 Druid Hill Ave

19 (a) MAY 20 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941 at 7:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sandkuhl M.D. Medical Examiner.
Date signed 5/18/41

F 80798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-7

Registered No. F 80798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Beltsville Md. (If outside city or town limits, write RURAL and give town)
Street No. [illegible] Beltsville Md. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ELLA McGLYNN

3 (b) If veteran, name war ********

3 (c) Social Security Account No. *********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife JOHN McGLYNN
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) AUG. 15-1858

8. AGE: Years	Months	Days	If less than one day
82	9	5	********** hr. ..... min.

9. Birthplace ALEXANDRIA VA. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace IRELAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace IRELAND

16 (a) Informant EDWARD J. McGLYNN (SON)
(b) Address BELTSVILLE, MARYLAND

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 23/41 (month) (day) (year)
(c) Cemetery or crematory CHURCH CEMETERY
Location AMMENDALE, MARYLAND

18 (a) Funeral director J. B. Hilleary & Son
(b) Address 300 Eutaw Place

19 (a) ..... (b) ..... Registrar

(Date received by registrar) MAY 26 1941

VS F Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20, 1941 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941 to May 20 1941 and that I last saw her alive on 1941

Immediate cause of death: Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Putterman M. D.
Address 2324 Reisterstown Rd Date signed 5/20/41

Dr. Putterman

F 80799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 80799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1936 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth C. Welsh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Thos. J. Welsh Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26th, 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	11	22		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Dennis O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah McAuliffe
15. Birthplace Ireland

16 (a) Informant Thos. J. Welsh Sr.
(b) Address 1936 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave

19 (a) (Signature of undertaker) (b) Huntington Williams (Assistant)

MAY 20 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to May 18 1941.
and that I last saw her alive on May 18 1941.

Immediate cause of death

Carcinoma left

Due to Breast Metastases

Due to Bones

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Kirby M. D.

Address 110 E. North Ave. Date signed 5, 19, 41

E 80800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4717 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4717 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Married

6 (b) Name of husband or wife Andrew V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1884

8. AGE: Years	Months	Days	If less than one day
56	10	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles A. Kothe
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ellen J. Stevenson
15. Birthplace Balto. Md.

16 (a) Informant Andrew V. Finn
(b) Address 4717 Park Heights Ave.

17 (a) Burial (b) Date thereof 5-21-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co., Md.

18 (a) Funeral director Loring Lyon
(b) Address 5025 Pk Hts Ave.

19 MAY 20 1941 (b) Huntington Williams M.D.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 9:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Medical Examiner.

Date signed 5/18/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80801 — 159 — F 80801

CERTIFICATE OF DEATH

1. PLACE OF DEATH Volunteers of America Hospital — Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward) — Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Baby Reichley — F 28145 — If U. S. Veteran specify WAR _____

(a) Residence: No. 1934 Eastern Ave, Essex Md. St., _____ Ward. Essex Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20, 1941

7. AGE — Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ — 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Elmer Reichley

14. BIRTHPLACE (city or town) Union County (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Phyllis Reinlick

16. BIRTHPLACE (city or town) Sunbury (State or country) Pa.

17. INFORMANT Phyllis Reichley
(Address) 1934 Eastern Ave, Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date 5/20/41 19

19. UNDERTAKER _____ MAY 20 1941 Commissioner of Health
(Address)

20. FILED MAY 20 1941 H. A. Moore Hunting for Wilson M.D.

6490

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1941, to May 20, 1941

I last saw her alive on May 20, 1941. Death is said to have occurred on the date stated above, at 7.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - birth wt 1 lb. 7 oz -	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Leonard Zappe M. D.
(Address) Volunteers of America Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 80802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 80802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. W 1019 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GORDON LIGHTSEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation CANNOT
11. Industry or business

FATHER
12. Name CANNOT
13. Birthplace

MOTHER
14. Maiden Name CANNOT
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 20 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 20 1941 Huntington Williams M.D. (Date rec'd by Registrar) (Registrar) 16492

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1941, at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 5-6-41

VS 6

F 80803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a

F 80803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 E North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Conroy

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-10-1451

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 41, at 11:58 M

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Alice R. Conroy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 23 - 1873

8. AGE: Years 68 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation: Agt. Sec. Fidelity +
11. Industry or business: Deposits

FATHER
12. Name: Patrick Conroy
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Martha Johnson
15. Birthplace: Ireland

16 (a) Informant: Mrs. Marguerite Boone
(b) Address: 518 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location

18 (a) Funeral director: Chas. F. Grace & Son Inc
(b) Address: 118 W. Mt. Royal Ave

19 (a) MAY 20 1941 (Registrar's signature) Huntington Williams, M.D.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Kyle M.D. Medical Examiner.
Date signed 5/20/41

VS 6

F 80804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Caton avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Hattie B. Jenkins

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Geo. C. Jenkins
6 (c) If single give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1875

8. AGE: Years 66 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William N. Kirby
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name M. Mahala Bryan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lillian G. Levering
(b) Address Calvert Court Apartment

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. E. Sauer & Son Inc.
(b) Address 118 W. Mt. Royal ave.

19 (a) MAY 20 1941 (Date received by Registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 5-19 1941, and that I last saw her alive on 5-19 1941

Immediate cause of death Degen C S Duration
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lee Parks M. D.
Address Degen Date signed 5/21

VS 3

80805 1 ✓ F 80805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 N.MADERIA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 N.MADERIA ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN MANNEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	216 10 8552	MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARGARETE MANNEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN.21 1877

8. AGE: Years	Months	Days	If less than one day
64	3	27	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation SHEET METAL WORKER
11. Industry or business

FATHER
12. Name CARL MANNEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY GASHORN
15. Birthplace GERMANY

16 (a) Informant MARGARETE MANNEL (WIFE)
(b) Address 1513 N.MADERIA ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 21/41 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF E. NORTH AVE.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 MAY 20 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 18 1941, at 6/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25- 1941. to 5-18 1941. and that I last saw h. in alive on 5-17, 1941.

Immediate cause of death	Duration
Phthisis Pulmonalis	3 Mos.
Due to	
Due to	
Other Conditions Arteriosclerosis	3 yrs.
Aortic Regurgitation (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Engelhardt M. D.
Address 613 E. North Ave. Date signed 5-20-41

MAY 20 1941

VS 3

F 80806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 80806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Edgewood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Edgewood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL SUTOR

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10th, 1874

8. AGE: Years	Months	Days	If less than one day
66	5	8	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Trouble finder retired

11. Industry or business Bell Telephone Co.

FATHER
12. Name Samuel F Sutor
13. Birthplace Maryland

MOTHER
14. Maiden Name Louella B. Welch
15. Birthplace Maryland

16 (a) Informant Ida Sutor
(b) Address 616 Edgewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21- 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Williams & Cook
(b) Address 1217 St Paul Street

19 (a) MAY 20 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 6 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams Cook M.D. Medical Examiner.
Date signed 5-19-41

VS 6

F 80807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 80807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Edgar + Valley Sts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Olivia Fahnestock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 9 1857

8. AGE: Years 83 | Months 9 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Edward Fahnestock
13. Birthplace Pa

MOTHER
14. Maiden Name Martha Davis
15. Birthplace Balto Md

16 (a) Informant Edward Amos
(b) Address 1405 Bloomingdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 1207 St Paul St

19 MAY 20 1941 (Date rec'd by Registrar) (Signature) Lemington Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1941 to 5/19/41 1941 and that I last saw h alive on 5/19/41 1941.

Immediate cause of death: Fracture Left Femur

Due to

Due to

Other Conditions: Degenerative Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 5 1941 at M
(c) Where did injury occur? Baltimore (City or town) Maryland (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Little Sisters of the Poor While at work? No (Specify type of place) Slipped + fell on church
(e) Means of injury Fall

23. Signature J. Brady Smith M. D.
Address St. Agnes Hospital Date signed 5/19/41

Howard J. Andersen M. D.

80808 ✓ F 80808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.:

1. PLACE OF DEATH:
(a) Baltimore City, Maryland North Broadway
(b) Street address 1103 N. Patterson Park Ave.
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years

3 (a) FULL NAME Mr Adolph E. Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara E. Thomas

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1867

8. AGE: Years 73 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state or foreign country)

10. Usual Occupation Wine Grower

11. Industry or business

FATHER
12. Name Philip Thomas
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Tiefenbrunn
15. Birthplace Germany

16 (a) Informant Mrs Hilgarter
(b) Address 401 Lufkin Ave.

17 (a) Burial (b) Date thereof 5/22/41 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md

18 (a) Funeral director Lillian Cook
(b) Address 1217 St Paul St

19 MAY 20 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1941 to May 19 1941, and that I last saw h. alive on May 19 1941.

Immediate cause of death
Heart failure — Duration 2 Months
Due to (arteriosclerotic) — Duration ?
Due to C-V Disease)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Ralph Ansberry, Jr. M.D.
Address Church Home & Inf. Date signed 5/19/41

VS 1

F 80809

Dr Gordy 5106 Hartford Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 80809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Terrace
(b) Street address 2829 Montebello
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Montebello (If rural give location) Texas
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Dyott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George B. Dyott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29 1852

8. AGE: Years 89 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Fred. A. Hilkestun
(b) Address 2829 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St

19 MAY 20 1941 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1941, at 3:40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from May 1 1941 to 5-18 1941, and that I last saw h[illegible] alive on 5-17 1941

Immediate cause of death: Coronary Occlusion — Duration 1/2 hour

Due to

Due to

Other Conditions: Chronic Myocarditis 5 years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature L. L. Gordy M. D.
Address 5106 Hartford Rd Date signed 5-19-41

VS 3

80810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 80810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1545 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Clifton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Edward Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-5907

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie E. Jones
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 2 1885

8. AGE: Years	Months	Days	If less than one day
59	7	24	hr. min.

9. Birthplace Md.
(Town, county and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Chas W. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Annie M. Belcher
15. Birthplace Md.

16 (a) Informant Mrs Annie E. Jones
(b) Address 1545 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul Street

19 (a) MAY 20 1941 (Date rec'd by reg'r) (b) Huntington Mills Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 19 1941 and that I last saw [illegible] alive on May 19 1941.

Immediate cause of death Angina Pect. — Duration 2 yrs.
Due to Art. Sclerosis — 2 days.
Due to Coronic Thrombosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Schmidt M. D.
Address 1605 W. Fayette St. Date signed

VS 3

F 80811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 80811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. General Hosp.
(c) Hospital or institution: Medical & Surg

(d) Length of stay in hospital or inst. (yrs., mos., or days) 96
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary MacCubbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife Stanley MacCubbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1890

8. AGE: Years	Months	Days	If less than one day
50	0	5	hr. min.

9. Birthplace Norfolk Va.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name William Bowell
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace Va

16 (a) Informant Stanley B. MacCubbin
(b) Address 416 West Franklin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1219 St Paul Street

19 MAY 20 1941 (Date received by local registrar) (Signature) Mortician for William Cook

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19 1941, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1941 to 5/19 1941, and that I last saw h[illegible] alive on 5/19 1941.

Immediate cause of death Carcinoma of Lung with regional metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/20/41

Major findings of operation: Carcinoma of Lung with regional metastasis

If autopsy: Hand no above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury R. T. Coffman

23. Signature
Address Md. General Hosp. Date signed 5/19/41
M. D.

VS 3

80812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a ✓ F 80812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 N. Fremont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Hinkes

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-0052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Lena Hinkes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1876

8. AGE: Years	Months	Days	If less than one day
65	3	10	hr. min.

9. Birthplace Lansdowne Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business W. P. A. worker

FATHER
12. Name Henry Hinkes
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Mary C. Fleming
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Henry G. Hinkes
(b) Address 1220 N. Fremont Ave

17 (a) Burial (b) Date thereof May 22, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Fichter & Son
(b) Address North & Pennsa. Ave.

19 (a) MAY 20 1941 Huntington Williams M.F.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1941, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquiry thereon and from the evidence obtained by said Inspection - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage
Spontaneous

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Meeker M.D.
Medical Examiner.
Date signed 5/20/41

VS 6

80813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 ✓ F 80813 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lockwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Old Annapolis Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna T. Bathan (Birth F 7456 ✓)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4 '41

8. AGE: Years | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Josephus Bathan
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Minnie M. Bainer
15. Birthplace Balto. Md.

16 (a) Informant Mr. J. S. Bathan
(b) Address 3217 Old Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred. J. Pearre & Son
(b) Address 1216 N. Charles St.

19 MAY 20 1941 (Date rec'd by registrar) Addington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1941, at 11:59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4th 1941 to May 19, 1941, and that I last saw her alive on May 19, 1941.

Immediate cause of death Spontaneous Adrenal Hemorrhage

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bilateral Adrenal Hemorrhage

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Esther H. Caplan M. D.
Address University Hosp. Date signed 5/20/41

VS 3

Instructions: Please write the causes of death clearly and legibly. Typewriter preferred.

80814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

SS 66082

30-e ✓ F 80814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1248 S. Ellwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Pogucki

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Unknown	212-10-3833	Male	White	Married

6 (b) Name of husband or wife Ava
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-9-1886

8. AGE: Years	Months	Days	If less than one day
54	7	11	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Skillworker
11. Industry or business Unemployed

FATHER
12. Name Valentine Pogucki
13. Birthplace Poland

MOTHER
14. Maiden Name Anne ?
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) X (burial, cremation, or removal) (b) Date thereof 5-23-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Hyndalkanz
18 (a) Funeral director John J. Pezda
(b) Address 2829 Hudson St.

MAY 20 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20- 1941, at 2 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17- 1941, to 5-20-1941, and that I last saw h~~im~~ alive on 5-20-1941.

Immediate cause of death Bronchopneumonia — Duration 1 wk
Due to CNS lues — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jno. Mong Lebkicher M. D.
Address Balto City Hosp Date signed 5-20-41

80815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 80815

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution:
Home for Incurables -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md - Home for Incurables
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen O'Connell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single -

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15. 1857

8. AGE: Years	Months	Days	If less than one day
84	2	1	hr. min.

9. Birthplace Balto - Md -
(Town, county, and state)

10. Usual Occupation None -

11. Industry or business None -

FATHER
12. Name Dennis O'Connell -
13. Birthplace Ireland -

MOTHER
14. Maiden Name Mary Agnes Lyston
15. Birthplace Ireland -

16 (a) Informant Home for Incurables -
(b) Address 700 W. 40th St -

17 (a) Burial (b) Date thereof May 23/41.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Mary's Govans
Location

18 (a) Funeral director Mary M. Hirshfield
(b) Address 501 E. 20th St.

19 (a) 19 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938. to May 19 1941. and that I last saw her alive on May 19 1941.

Immediate cause of death Ac. Myocardial Infarction	10 days
Arteriosclerotic Cardio-Vascular Disease, Chr. Myocarditis and Auricular Fibrillation.	12 years
Senile Dementia	3 years
Abscess formation scars iliac region	2 days
Other Conditions Intracapsular fracture right femoral neck	10-1-40

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 10/1/40
(c) Where did injury occur? 700 W. 40th St. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell on floor

23. Signature Thomas Condrey M. D.
Address 11 E. Chase St. Date signed 5-19-41

Howard L. Mahler, M.D. Balto. Co. Asst. Med. Examiner

80816

F 80816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13Y-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2437 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Barclay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Johanna M. Creagh Quesler

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband (maiden name) William Quesler
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65	-	-	— hr. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Peter Creagh
13. Birthplace Ireland

MOTHER
14. Maiden Name H O Donnell
15. Birthplace Ireland

16 (a) Informant = Mrs Creagh
(b) Address 2437 Barclay Sts.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral May 24
Location

18 (a) Funeral director Mary M Weedfield
(b) Address 201 E 22nd St.

19 1941 (Date rec'd by registrar) Huntington Wilson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th. 1941. at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6th. 19 41. to May 18th 19 41. and that I last saw her alive on May 15th. 19 41.

Immediate cause of death	Duration
Acute Cardiac Dilitation	immediate
Due to Myocarditis & Endocarditis	unknown
Due to Chronic Parenchymatous Nephritis	unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo W Montgomery MD
Address 401 E. 25th. St. Date signed 5/20/41.

80817 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 V-a F 80817

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2436 E. FAYETTE ST

3 (a) FULL NAME Mary E. Shryock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edward Shryock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1852

8. AGE: Years	Months	Days	If less than one day
88	5	16	hr. min.

9. Birthplace Simpson W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Franklin Bartlett
13. Birthplace Simpson W. Va.

MOTHER
14. Maiden Name Mary Jane Davis
15. Birthplace Simpson W. Va.

16 (a) Informant Meta Friend
(b) Address 3rd Floor 436 E. Lafayette Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 21 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Grafton, W. Va.

18 (a) Funeral director Wm. J. Fisher & Sons
(b) Address North and Penna. Ave.

MAY 20 1941 (Date rec'd by registrar) Huntington Williams W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941 to May 19 1941 and that I last saw her alive on May 17 1941

	Duration
Immediate cause of death: Fractured Pelvis	
Due to	
Due to	
Other Conditions: Myocardial insufficiency (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/13/41 at M
(c) Where did injury occur? 436 E. LAFAYETTE AVE (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell down stairs
23. Signature W. H. Cuttingham M. D.
Address 2324 Reisterstown Date signed 5/20/41

VS 8

F 80818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 80818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY A. REPSON

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Minnie A Repson
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1865

8. AGE: Years 75 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Clerk, Retired
11. Industry or business: Custom House

FATHER
12. Name: Peter A Repson
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Minnie Quertimon
15. Birthplace: Europe

16 (a) Informant: Minnie A Repson - wife
(b) Address: above address

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 MAY 21 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence obtained by said ~~Inquest~~ find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmaier M.D. Medical Examiner.
Date signed 5-20-41

F 80819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80819 Registered No. 30-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs.) mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Dover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Egerton

3 (b) If veteran, name war W-W

3 (c) Social Security Account No. 213-05-5314

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years: 53 | Months | Days | If less than one day: hr. min.

9. Birthplace: Louisburg N C (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Foil & Insulator Co

FATHER
12. Name: Richard Egerton
13. Birthplace: N C

MOTHER
14. Maiden Name: Millie
15. Birthplace: N C

16 (a) Informant: Elizabeth Egerton
(b) Address: 622 Dover St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory: Louisburg N C
Location:

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 108 W Montgomery St

19 (a) MAY 21 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1941, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Dissecting aneurysm of aorta — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M.D. Medical Examiner.
Date signed 5/19/41

F 80820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170-C

F 80820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Lamont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE MARLENE CLEMENS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/26/1938

8. AGE: Years	Months	Days	If less than one day
3	—	24	— hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Clemens
13. Birthplace Balto Md

MOTHER
14. Maiden Name Hilda L. Brower
15. Birthplace Balto Md

16 (a) Informant Mrs. L. Clemens
(b) Address 1732 Lamont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (month) (day) (year)
(c) Cemetery or crematory Dorsland Cem
Location Balto Md

18 (a) Funeral director Geo. J. Tuffy Co
(b) Address 225 Harford Ave

MAY 21 1941 (Date rec'd by Registrar) (b) Huntingtn Pk Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 12:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration —

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations — no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 20, 1941
(c) Where did injury occur? Alameda Blvd & Lochraven (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury passenger in car which

23. Signature H. L. Williams M.D. Medical Examiner
Date signed 5-20-41

to overturned when tire blew out

F 80821

MA 17926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yr. 7mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Purser

3 (b) If veteran, name war — ?
3 (c) Social Security Account No. — ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Robert (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1871

8. AGE: Years	Months	Days	If less than one day
69 68	11	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

MOTHER / FATHER
12. Name Robert Williams
13. Birthplace Eng.
14. Maiden Name Susan Knight
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Bernard A. Fink
(b) Address 180 N. Broadway

19 (a) MAY 21 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-1941, at 10 A M (30)

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14-1936 to 5-18-1941, and that I last saw h-- alive on 5-18-1941.

Immediate cause of death Cardiac failure — Duration ?
Due to C-5. Hx. Dis. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-20-41

F 80822 OF 14361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 80822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (1)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 876 W. Lombard st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Yurasiunas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-1884

8. AGE: Years 56 | Months 11 | Days 14 | If less than one day 13 hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Lithuania

MOTHER
14. Maiden Name Amelia ? (d)
15. Birthplace Lithuania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Donnell St.

18 (a) Funeral director Joseph Kaupakas Inc
(b) Address 602 Washington Blvd.

MAY 21 1941 (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1941, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26-1936 to 5-17-1941 and that I last saw h~~er~~ alive on 5-17-1941.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Cerebral Thrombosis	?
Due to: A-S. H.T. Dis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp. Date signed 5-19-41

80823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 E. Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 Jackson Place (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rosenberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Lieb Lipman
13. Birthplace Poland

MOTHER
14. Maiden Name Jackson
15. Birthplace Poland.

16 (a) Informant Fannie Paul.
(b) Address 217 K St N.E. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale.
Location Hamilton Md

18 (a) Funeral director Sol Lerman & Bro
(b) Address 1124-26 N Forest ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1941, at 3.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1941 to 5/21 1941, and that I last saw h[illegible] alive on 5/20 1941.

Immediate cause of death	Duration
Pulmonary edema due to Acute failure	1 day
Due to Bronchopneumonia	6 days
Due to	
Other Conditions Arteriosclerotic Cardiovascular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stein, M.D.
Address Sinai Hospital Date signed 5/21

Copy may be important. Physician: please write the causes of death clearly and legibly.

80824 347769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 80824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Gallon Green
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gallant Green
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy MAKle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-21

8. AGE: Years 20 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Self

FATHER
12. Name JAMES
13. Birthplace Md

MOTHER
14. Maiden Name Mary Elizabeth
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Bryantown, Md

18 (a) Funeral director H. Hunt & Ryon
(b) Address Waldorf, Md.

19 (a) (Registrar) (b) Registrar

MAY 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 19 1941, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 16 1941, to MAY 19 1941, and that I last saw HIM alive on MAY 19 1941.

Immediate cause of death Tuberculous meningitis — Duration 2 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Tuberculous meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Klaus M.D.

Address Johns Hopkins Hosp. Date signed 5/24/41

Instructions: Prepare in duplicate; print; write the causes of death clearly and legibly.

6 F 80825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164-E

Registered No. F 80825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor Kendock

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-4430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carroll A. Gibson
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1910

8. AGE: Years	Months	Days	If less than one day
30	7	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Asst Shipping Clerk
11. Industry or business Meyer Electric Co.

FATHER
12. Name Louis Kendock
13. Birthplace Lithuania

MOTHER
14. Maiden Name Veronica Gavalis
15. Birthplace Lithuania

16 (a) Informant Mrs. Carroll Kendock
(b) Address 1328 Hollins Street

17 (a) Friend (Burial, cremation, or removal) (b) Date thereof 5/22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Jos. J. Govan & Son
(b) Address 901 Hollins St

19 (a) (VDH Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MAY 21 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1941, at 9P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Crushed Skull - Fractured Neck — Duration

Due to

Due to Manic Depressive Psychosis

Other Conditions Multiple Compound Comminuted fractures & lacerations

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-19-41
(c) Where did injury occur? University Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Leaped from window 9th floor

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-20-41

F 80826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

F 80826

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3154 Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 313 N Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Green Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Bigerst Foster
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1906

8. AGE: Years	Months	Days	If less than one day
35	4	19	hr. min.

9. Birthplace Winnsboro S. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Foral
13. Birthplace Winnsboro S. C

MOTHER
14. Maiden Name Emma Davis
15. Birthplace Winnsboro S. C.

16 (a) Informant Bigerst Foster
(b) Address 313 N. Carrollton ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 24 1941 (month) (day) (year)
(c) Cemetery or crematory Winnsboro S. C.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 329 N. Schroeder St

19 (a) MAY 21 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 3 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941 to May 20 1941.
and that I last saw h[illegible] alive on May 17 1941.

Immediate cause of death
(a) Carcinoma of Cervix
(b) Metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 4 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 7 W Lanvale St Date signed 5/21/41

F 80827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80827 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 568 Oxford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE MADDOX

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-2003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Brown
(b) Address 568 Oxford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md.

18 (a) Funeral director A Folstead
(b) Address 916 Lemmon St

MAY 21 1941 (Local registrar) (b) Huntingtown, Calvert, Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 1:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar, right	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-18-41

F 80828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Mencke Sr.

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate R. Mencke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10-1861

8. AGE: Years 80 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Confectionary

11. Industry or business Business

FATHER
12. Name Henry Mencke
13. Birthplace Ger.

MOTHER
14. Maiden Name Unknown
15. Birthplace Ger.

16 (a) Informant Kate R. Mencke
(b) Address 423 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 21 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Philip Herwig & Sons
(b) Address 2024 Orleans St

19 (a) Date received by Local Registrar MAY 23 1941 (b) Registered by Local Registrar Huntington Millington M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1941, to 5/18 1941, and that I last saw him alive on 5/18 1941.

	Duration
Immediate cause of death: acute cardiac dilatation	1 Hr Min
Due to: coronary occlusion	4 Hrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Sobieski
Address 447 N. Kenwood Ave Date signed 5/20/41 M. D.

F 80829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80829

13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 E Fairmount
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HATTIE Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife William Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace NC
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name David Moore
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace "

16 (a) Informant William Smith
(b) Address 1403 E Fairmount Ave

17 (a) Burial (b) Date thereof May 20th 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklawn

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ave

19 (a) Date received by registrar May 20 1941 (b) Huntington Williams M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h Er death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H Kelsall M.D.
Medical Examiner.

Date signed 5/20/41

F 80830

Poat

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/86-a

F 80830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Eutaw Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H Poat

3 (b) If veteran, name war	3 (c) Social Security Account No.
Nil	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna M Poat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1869

8. AGE: Years	Months	Days	If less than one day
71	4	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Bell Moulder
11. Industry or business McCahan Bell Mfg

FATHER
12. Name Hugh Poat
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma ?
15. Birthplace Baltimore Md

16 (a) Informant Wife Edna M White
(b) Address 1001 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East End of North Ave

18 (a) Funeral director Edgar W. Conklin Sons
(b) Address 424 E. Eager St.

19 (a) MAY 21 1941 (Date rec'd by Reg.) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1941, at 11 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Mitral & Aortic Arteriosclerosis	
Fractured ribs.	
Other Conditions Edema & Congestion of Brain	
Bronchopneumonia & atherosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-16-41
(c) Where did injury occur? 1001 Eutaw St Balto 10/1
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down a flight of stairs

23. Signature Howard J. Tilden M.D.
Medical Examiner.
Date signed 5-20-41

VS 6

F 80831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-L

F 80831

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 N. Paca St.
(c) Hospital or institution:
at home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N. Paca St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Ella M. Greacen

3 (b) If veteran, name war ****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J. Greacen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1863

8. AGE: Years	Months	Days	If less than one day
77	11	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At. Home

11. Industry or business

FATHER
12. Name ? Shealy
13. Birthplace Baltimore, Co., Md

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore, Co., Md.

16 (a) Informant Mrs. E. M. Conklin
(b) Address 924 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof may 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Balto. Co. Md.
Location Harford Rd. at Broadway

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St

19 (a) (b)
(Date received by Local Registrar)
MAY 21 1941
(Registrar)
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1941, at 1 p M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941, to May 18 1941, and that I last saw h-- alive on May 17 1941.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Cancer of Uterus (Sarcoma)	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Gray M. D.
Address 6xx N. Paca Ave Date signed May 21st 1941

F 80832

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. F 80832

State of Maryland 183 Registrar's No. 80832

1. PLACE OF DEATH:

(a) County ____

(b) City or town Baltimore (If outside city or town limits, write RURAL)

(c) Name of hospital or institution: Holabird Sta. Hospital USA (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ____

(c) City or town Baltimore (If outside city or town limits, write RURAL)

(d) Street No. 2626 Aisquith St (If rural, give location)

(e) ~~If foreign born, how long in~~ U. S. A.? Life years.

3. (a) FULL NAME Winfield Knight

3. (b) If veteran, name war ____

3. (c) Social Security No. 218-10-5435

4. Sex M. 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabelle V. Buskmar

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 6 (Month) - 1883 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	14	hr. ____ min.

9. Birthplace Balto. (City, town, or county) Md. (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Camp Holabird

MOTHER / FATHER

12. Name Thomas Knight

13. Birthplace Balto. (City, town, or county) Md. (State or foreign country)

14. Maiden name Ellen Hogg

15. Birthplace Balto. (City, town, or county) Md. (State or foreign country)

16. (a) Informant's own signature Isabelle V. Knight

(b) Address 2626 Aisquith St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Year)

(c) Place: burial or cremation Parkwood Cem. Parkville Md.

18. (a) Signature of funeral director John J. Connelly

(b) Address 518 Eastern Ave. Graceyn Huntington Williams, M.D.

19. (a) MAY 21 1941 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month May day 20 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 20, 1941, to May 20, 1941, that I last saw him alive on May 20, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? None (Specify yes or no) (e) Means of injury —

23. Signature 1st Lt. C.W. McKee MC (M. D. or other) M.D.

Address Holabird Sta. Hosp. Date signed 5/24/41

S-6917

U. S. GOVERNMENT PRINTING OFFICE 16—13455

F 80833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 W.Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 W.Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lemuel Oliver Kirk

3 (b) If veteran, name war ----
3 (c) Social Security Account No. 215-05-9222

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26,1889

8. AGE: Years	Months	Days	If less than one day
52	1	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Lamp Inspector
11. Industry or business City of Balto.

FATHER
12. Name Jesse H.Kirk
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Balto. Md.

16 (a) Informant Mrs.Margaret M.Cavalier
(b) Address 2201 W.Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22,1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

19 (a) MAY 21 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 41 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1940, to May 20 1941, and that I last saw h alive on May 20 1941.

Immediate cause of death Carcinoma of Stomach
Carcinoma of Liver — Duration 1 Yr. 8 mos. 6 Mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature G.W.Billups M.D.
Address 222 W. North Ave. Date signed 5/21/41

VS 3

F 80834

F 80834

F 80834

JN 66138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Napoleon Short

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years 65? Months ? Days ? If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Albert
13. Birthplace Virginia

MOTHER
14. Maiden Name Sally ?
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (month) (day) (year)
(c) Cemetery or crematory
Location Druid Ridge Cem. Co.

18 (a) Funeral director Beyard & Beverly
(b) Address 510 Park Ave.

MAY 21 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1941, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19-41 1941 to 5-20 1941, and that I last saw h[illegible] alive on 5-20 1941.

Immediate cause of death	Duration
Carcinoma probably arising from the hepatic duct	?
Due to Metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be [illegible] statistics.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.
Address Baltimore City Hosp. Date signed 5-21-41

VS 3

F 80835 ✓ F 80835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5625 Anthony Ave St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eleanor Schorr

If U. S. Veteran specify WAR

(a) Residence: No. 5625 Anthony Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 13 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A. Schorr

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Reff

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Magdalene Schorr

(Address) 5625 Anthony Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date May 24 19 41

19. UNDERTAKER John Ulfelder

(Address) 2005 Eutaw

FILED

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 19 41

22. I HEREBY CERTIFY, That I attended deceased from Jan 1941 to May 20 1941

I last saw her alive on May 20 1941 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	1939

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 7. 1939

For what disease or injury? Carcinoma of Pancreas

Name of operation Exploratory Date of 10/7/39

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Allen R. Hume Jr. M. D.

(Address) 5444 Belair Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 80836 ✓ F 80836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3458 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Rankin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Chas Rankin
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov 28 1873

8. AGE: Years	Months	Days	If less than one day
67	5	20	2 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Hoffmyer
13. Birthplace Ohio

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Leonard Mc Graze
(b) Address 3704 Mount Pleasant

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem Pk St Mathews Cem
Location Baltimore Co Md

18 (a) Funeral director John Ulrich
(b) Address 221 E Mulberry

19 (a) (Date received by local registrar) (b) Registrar
MAY 23 1941
Vital

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to 5/20 1941, and that I last saw h-- alive on 5/19 1941.

Immediate cause of death	Duration
Cardiac Decompensation	about
Auricular Fibrillation	18 days
Due to arteriosclerotic	
Cardio-Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. J. Graves M. D.
Address Mt Univ Hospital Date signed 5/20/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 80837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D E 80837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 32 nd st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 E. 32nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM HEMMETER

3 (b) If veteran, name war XXXXXXXX

3 (c) Social Security Account No. 215-01-3069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth Hemmeter
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1892

8. AGE: Years	Months	Days	If less than one day
48	8	9 6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Baltimore Dry Docks

FATHER
12. Name Frederick Hemmeter
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Beck
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Mollie Staedtler
(b) Address 1803 E.29th St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2005 Aliceanna

19 (a) (Date rec'd by registrar) Huntingtop Williams Mort

MAY 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 1:15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1940 to May 19 1941, and that I last saw h alive on May 2 1941.

Immediate cause of death: Coronary occlusion — Duration: ?

Due to:

Due to: Hypertensive heart disease — Duration: ?

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Hemmeter

Address 1532 E. 32nd St. Date signed 5/20/41

Howard J. Emerson M.D.

80838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 80838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4208 Pinetown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Jeannette (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Angeline Sturbois

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife Leon Sturbois
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18-1850

8. AGE: Years	Months	Days	If less than one day
91	0	3	hr. min.

9. Birthplace France (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Same

FATHER
12. Name Dont Know
13. Birthplace France

MOTHER
14. Maiden Name Dont Know
15. Birthplace France

16 (a) Informant Mrs. Marie McClung
(b) Address 4208 Pinetown Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 21. 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Jeannette Pa.

18 (a) Funeral director Mrs. John N. Teufel & Son
(b) Address 604 W. Fayette St

19 (a) (b)
MAY 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 12½ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1941, to May 21 1941, and that I last saw h alive on May 21 1941.

Immediate cause of death — Duration
Pneumonia Thrombosis — May 20-41
Due to Chr. Myocarditis — 1935
Due to
Other Conditions Arteriosclerosis — 1930
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Brown, M. D.
Address 1634 N. Main St Date signed 5/21/41

80839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 80839

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) Provident Hosp. (Ward) 14-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie E. Peck — If U. S. Veteran specify WAR

(a) Residence: No. 1905 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Thaddeus S.

6. DATE OF BIRTH (month, day, year) Jan-1-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5+	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James A. Chambers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Sorrell

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Dr. Thaddeus S. Peck
(Address) 1905 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5-21 1941

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Druid Hill Ave.

20. FILED MAY 21 1941 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-7-, 1941, to 5-17, 1941

I last saw her alive on 5-17 1941 Death is said to have occurred on the date stated above, at 2 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Aortic Aneurism and	
Rupture.	own

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. B. Butler, M. D.
(Address) 1133 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

1 of 3/09

80840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. 80840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ?
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., ~~mos.~~, or ~~days~~) 30+ ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN HARRY PARKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4349

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Mary Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1883

8. AGE: Years	Months	Days	If less than one day
58		28	hr. min.

9. Birthplace ? ? ? ? (Town, county and state)
10. Usual Occupation Bellman
11. Industry or business New Howard Hotel

FATHER
12. Name John Harry Parker
13. Birthplace ? ?

MOTHER
14. Maiden Name Ardella Gittings
15. Birthplace ? ?

16 (a) Informant Mrs. Rayner Parker
(b) Address 2307 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (d) MAY 21 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 7½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said ~~Autopsy or Inquiry~~ find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmahan M.D. Asst. Medical Examiner.
Date signed 5-18-41

VS 6

Physicians are especially important. Physicians: please write the causes of death clearly and legibly.

80841 ✓ 62051 ✓ 13-B F 80841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 148 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Montford Ave.
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Bena (62051) ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
?	212-01-5889	Male	White	Married

6 (b) Name of husband or wife Margaret L. Bena
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1884

8. AGE: Years	Months	Days	If less than one day
57	2	8	____ hr. ____ min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Glass leveler
11. Industry or business

FATHER
12. Name August Bena
13. Birthplace France

MOTHER
14. Maiden Name Victorine Grodemange
15. Birthplace France

16 (a) Informant Hospital records
(b) Address

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof May 24-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2405 E. Oliver St.

19 (a) MAY 21 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1940 to May 20 1941, and that I last saw him alive on May 20 1941

Immediate cause of death: Pulmonary tuberculosis — Duration: 18 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 5-20-41

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80842 ✓ F 80842

F 80842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 80842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 E. 32nd St., Jefferson Apt. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lieut. Comm. Ernest Werner Eickelberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary L. Eickelberg
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1890

8. AGE: Years	Months	Days	If less than one day
51	1	25	hr. min.

9. Birthplace Haskins, Ohio (Town, county, and state)
10. Usual Occupation US Coast & Geodetic Survey
11. Industry or business

FATHER
12. Name Hugo Eickelberg
13. Birthplace Germany

MOTHER
14. Maiden Name Selma Kaiser
15. Birthplace Germany

16 (a) Informant Records - US. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Va.

18 (a) Funeral director Wm. J. Eckenrode's Sons
(b) Address North & Pa. Aves.

19 MAY 21 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941 to May 20 1941, and that I last saw him alive on May 20 1941.

Immediate cause of death	Duration
Adeno Sarcinoma, Colon	7 mos.
Splenic flexure	7 mos.
Intestinal obstruction	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Allen M. D.
Address U.S. Marine Hospital Baltimore, Maryland Date signed 5-21-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

80843 HEALTH DEPARTMENT—CITY OF BALTIMORE 80843

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pearl N. Keeney

If U. S. Veteran specify WAR

(a) Residence: No. New Freedom, Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C H. Keeney

6. DATE OF BIRTH (month, day, year) Dec. 14 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Isaac Marshall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kate Swam

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Charles Keeney

(Address) New Freedom, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place New Freedom, Pa. Date 5-23-41 19

19. UNDERTAKER Wm. Dickey & Son

(Address) York & Parkton

MAY 21 1941 19

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1941, to May 20, 1941

I last saw h.e.r. alive on May 20, 1941. Death is said to have occurred on the date stated above, at 5 33 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-19-41

Other contributory causes of importance: Hypertensive cardiovascular disease Sgy

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A S Daugherty M. D.

(Address) Franklin Sq. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

V0 9

80844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 80844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1885

8. AGE: Years 55 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Yorkman
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa Harden
15. Birthplace Md.

16 (a) Informant George Mathews
(b) Address 1813 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. G. County Md.

18 (a) Funeral director J. Wm. R. H. Elliott & Dgt.
(b) Address 1129 N. Caroline St.

19 (a) (b) Registrar

MAY 21 1941

VS 1

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 3:46 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to May 21 1941, and that I last saw h.er alive on May 21 19 41.

Immediate cause of death	Duration
Coronary Thrombosis	3/21/41
Due to Myocardial Degeneration	
Due to Hypertension	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Lafarest M. D.

*Address 822 N. Bond St Date signed 5/24/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 80845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days) 70 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 NEWINGTON AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

12-2

3 (a) FULL NAME MISS GRACE GARDNER

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHT	SINGLE

6 (b) Name of husband or wife ____ 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1871

8. AGE: Years	Months	Days	If less than one day
70	4	7	____ hr. ____ min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation retired nurse
11. Industry or business ____

MOTHER / FATHER
12. Name SAMUEL GARDNER
13. Birthplace MARYLAND
14. Maiden Name ELIZA BEVAN
15. Birthplace MARYLAND

16 (a) Informant MISS DOROTHY GARDNER (SISTER)
(b) Address (SAME) 705 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Fredrick ave

18 (a) Funeral director John Crutchfield Sons
(b) Address 1900 Eutaw Place

19 MAY 21 1941 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20 1941, at 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 19 1941, to MAY 20 1941, and that I last saw her alive on MAY 20 1941.

Immediate cause of death	Duration
ACUTE INTESTINAL OBSTRUCTION	6 hrs.
Due to CARCINOMA OF CECUM	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations CARCINOMA OF CECUM WITH OBSTRUCTION
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address UNION MEMORIAL HOSPITAL Date signed 5-20-41

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80846 !
39416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B ✓ F 80846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va – (b) County
(c) City or town Portsmouth (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George E Wadill
3 (b) If veteran, name war
3 (c) Social Security Account No. 229-10-0999

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rebecca
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) 12-15-99
8. AGE: Years 41 | Months 5 | Days 6. | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name James Wadell
13. Birthplace Va –

MOTHER
14. Maiden Name Virginia Wade
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Portsmouth, Va
18 (a) Funeral director Chas. O. Gutchell Mortuary Co
(b) Address 1 Selden Ext. Parkersburg
19 (Date rec'd by registrar) MAY 27 1941 Huntington-Williamson, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 10 45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to May 21 1941, and that I last saw him alive on May 21 1941.

Immediate cause of death: Cerebral thrombosis — Duration: two days
Due to
Due to
Other Conditions: Exfoliative Dermatitis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Confirmatory

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Adam P. Asper, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 5-21-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80847 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Buena Vista (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN WALKER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1854

8. AGE: Years 86 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name ?
13. Birthplace Scotland

MOTHER
14. Maiden Name ?
15. Birthplace "

16 (a) Informant Mrs. Mary Brooks
(b) Address 3611 Buena Vista Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Carroll Chapel
Location Chestnut Ridge, Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (Local registrar) Huntington Williams M.D.

MAY 22 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 5-21-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80848

BALTIMORE CITY HEALTH DEPARTMENT

cc 65154 CERTIFICATE OF DEATH 13-B

Registered No. F 80848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto C Heller

3 (b) If veteran, name war ? No

3 (c) Social Security Account No. ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1877

8. AGE: Years	Months	Days	If less than one day
63	5	19	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Hardwood Finisher

11. Industry or business

FATHER
12. Name Robert Heller
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Kralert
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 MAY 22 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20- 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11- 1941 to 5-20- 1941 and that I last saw h~~im~~ alive on 5-20- 1941.

Immediate cause of death	Duration
Pulm. Tbc.	?
Due to Gen. A-S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulm. Tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Schaefer M. D.
Address Balto City Hosp. Date signed 5-21-41

VS 2

F 80849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80849 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Ware Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Julia Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 4-1874

8. AGE: Years 66 | Months 7 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Elizabeth Devine
15. Birthplace Maryland

16 (a) Informant Mrs. Marion Dobelbower
(b) Address 110 Ware Ave. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

19 (a) ..... (Registrar) (b) Waiting for Will ..... Registrant

MAY 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 7:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1941, to May 21 1941, and that I last saw her alive on May 21 1941.

Immediate cause of death: Cerebral thrombosis & hemorrhage — Duration: 10 days

Due to: Hypertension C-V Disease

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature S. Randolph Anderson Jr. M. D.
Address Church Home & Inf. Date signed 5/24/41

F 80850

F 80850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Fern Reiner

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married

6 (b) Name of husband or wife Jerome Frankheimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23rd 1885

8. AGE: Years 56 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Lewisburg W. Va. (Town, county, and state)
10. Usual Occupation Beautician
11. Industry or business W. Va.

FATHER
12. Name Arbuckle Johnston
13. Birthplace Lewisburg W. Va.

MOTHER
14. Maiden Name Crist
15. Birthplace W. Va

16 (a) Informant Jerome Frankheimer
(b) Address 518 S. Broadway

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Patient'd by registrar) (b) Registrar

MAY 22 1941 Vs 2

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1941, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1941 to 5/21 1941, and that I last saw h alive on 5/21 1941.

	Duration
Immediate cause of death pulmonary edema from Heart failure	1 day
Due to hypertensive cardio-vascular-renal disease	9 years
Due to	
Other Conditions uremia	4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: confirming clinical diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Klein, M.D.
Address Sinai Hospital Date signed 5-22-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80851

F 80851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 E. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Santoni

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Rose Ramadori
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1883

8. AGE: Years	Months	Days	If less than one day
58	1	21	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Garbino Santoni
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Wife Rose Santoni
(b) Address 3507 E. Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Frank V. Pipitone
(b) Address 281 E. Baltimore st

(Date received by Registrar) MAY 22 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1939, to May 20, 1941, and that I last saw him alive on May 18 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 hour

Due to Arteriosclerosis — 2 yrs.

Due to ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Casserino M. D.
Address 514 Drury Lane Date signed 5/20/41

F 80852 ¹

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

F 80852 ¹

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary W Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife George.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edw. Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Smith
15. Birthplace Balto Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL May 22-41

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Rd

18 (a) Funeral director Robert Williams
(b) Address 1515 McElderry St

19 (a) (Date received) (b) Huntington Williams, M.D. registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941 at 5 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1941 to May 18 1941 and that I last saw h alive on May 18 1941

Immediate cause of death	Duration
Vascular accident	12 hrs.
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Lawson
Address Hopkins Hosp. Date signed 5-19-41

VS 8

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 80853

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5626 Greenhill ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5626 Greenhill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Richard Vershow

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margret Vershow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1876

8. AGE: Years	Months	Days	If less than one day
65	1	29	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Fredrick Vershow

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Margret Vershow

(b) Address 5626 Greenhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 41 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location

18 (a) Funeral director Joseph Kaminkas Inc

(b) Address 607 E Washington Blvd

19 (a) MAY 22 1941 (Date rec'd by Registrar) (b) Filed by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940 to May 20 1941, and that I last saw him alive on May 4 1941.

Immediate cause of death Terminal Bl. Pneumonia

Duration 4 days

Due to Carcinoma of Lung

Due to Chr myocardial Insuff.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Max Steinberg M. D.

Address 7002 E Fairfield Date signed 5/21/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

David Coomes

F 80854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G F 80854

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. John Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. David Coomes

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Ella Brandenburg Coomes 6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 17, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	11	3		

9. Birthplace Roxbury Mills Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Car Repairman
11. Industry or business Steam R.R.

FATHER
12. Name Edward K. Coomes
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Peddicord
15. Birthplace Maryland

16 (a) Informant Mrs. Mary E. Coomes
(b) Address John ave. Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Unity Montgomery Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) MAY 22 1941 (Date received by registrar) (b) Harold [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1941, at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8th 1941 to MAY 20 1941, and that I last saw him alive on May 20th 1941.

Immediate cause of death Post-Operative Hemorrhage into Scrotum and Gangrene of Rt. Testicle and Cord. — Duration 4 days

Due to Herniaplasty Operation, Rt (Rt. Inguinal Hernia)

Due to

Other Conditions ① Shock; ② Renal Shutdown; ③ Uremia — 4 days
(Include pregnancy within 3 months of death)

Date of operation 5-14-41

Major findings of operation Rt. Inguinal Hernia and Hydrocele.

Of autopsy As above + Cancer of Pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting
Address Bon Secours Hospital Date signed 5-20-41 M. D.

(Over)

F 80855

HEALTH DEPARTMENT—CITY OF BALTIMORE

80855

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Carroll St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline Richter

If U. S. Veteran specify WAR .....

(a) Residence: No. 1227 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Richter

6. DATE OF BIRTH (month, day, year) 12-8-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	82	5	14	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME John Steyer

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Graf

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Henry Richter

(Address) 1227 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Burial Place Lyndon Park Date 5-22-41

19. UNDERTAKER Edw. D. MacNabb

(Address) Catonsville - Md

20. FILED MAY 22 1941 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1941, to May 18, 1941

That I last saw her alive on May 17, 1941. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1941
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular Disease	1940

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Mclean M. D.

(Address) 6 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

80856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80856

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 FILLMORE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Fillmore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W Mc KENNA

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife KATHERINE Mc KENNA
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APRIL 11th 1864

8. AGE: Years	Months	Days	If less than one day
77	1	10	____ hr. ____ min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business —

FATHER
12. Name MICHAEL Mc KENNA
13. Birthplace IRELAND

MOTHER
14. Maiden Name HONORAH QUIGLEY
15. Birthplace IRELAND

16 (a) Informant MISS MARY Mc KENNA
(b) Address 1108 FILLMORE ST

17 (a) BURIAL (b) Date thereof MAY 24-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location BALTO MD

18 (a) Funeral director Bernard E Markle
(b) Address 121 E Mt Vernon St.
(c) Rec'd by registrar Huntington Williams, M.D.

May 22 1941

VS 41

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1941, at 6 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1941 to May 21 1941 and that I last saw h[illegible] alive on May 20 1941

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Arteriosclerosis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Chas. J. Kellen M. D.
Address 222 W Monument Date signed May 24

24

Please print or write with UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 80857 ·

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 80857 · Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4908 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Albert

3 (b) If veteran, name war

3 (c) Social Security Account No. Radar

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Henry James Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/1873

8. AGE: Years	Months	Days	If less than one day
68	3	2/2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James M. Gaylor
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Elizabeth Salar
15. Birthplace Ireland

16 (a) Informant George Albert
(b) Address 4908 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto md.

18 (a) Funeral director A. R. Riley Slade
(b) Address 4907 York Road

19 (a) MAY 23 1941 (b) Filed Washington Village, Md.
MAY 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1941 to May 20 1941, and that I last saw h[illegible] alive on May 20 1941.

Immediate cause of death: Chronic nephritis
Due to Arteriosclerosis
Due to Senile changes
Other Conditions
(Include pregnancy within 3 months of death)

Duration: months

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Libby M. D.
Address 431 S Patterson Pk Date signed 5/21/41

F 80858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A Registered No.

F 80858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 E. Balto St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2006 E. Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Gettle Sheinberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Poland

MOTHER
14. Maiden Name Esther
15. Birthplace Poland

16 (a) Informant Mr. Silver
(b) Address 2006 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Pulaski Hy

18 (a) Funeral director Jack Lewis Co.
(b) Address 1429 E. Balto St.

MAY 22 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941, to May 21 1941, and that I last saw her alive on May 7 1941.

Immediate cause of death: Acute Heart dilatation — Duration: 1 Day
Due to: Chron Myocarditis
Due to: Arteriosclerosis + Chron Nephritis — Duration: 24 yrs
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M J Boylan M. D.
Address 2040 Eutaw Date signed 5/21/41

VS 3

Surface age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 80859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 W. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME John Grishaber

3 (b) If veteran, name war: —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia Grishaber
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec. 25 - 1873

8. AGE: Years	Months	Days	If less than one day
67 68	4	26 25	hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Furniture Store

FATHER
12. Name Joseph Grishaber
13. Birthplace Germany

MOTHER
14. Maiden Name Sabina Martin
15. Birthplace Germany

16 (a) Informant Julia Grishaber
(b) Address 2801 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Earle Inc.
(b) Address 115 E. Mt. St.

19 Date rec'd by registrar May 22 1941 Registrar Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1941, to 5/20 1941, and that I last saw him alive on 5/20 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days
Due to:
Due to:
Other Conditions: Hemiplegia — 6 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. Schreiber M. D.
Address 1279 William St Date signed 5/21/41

Please write plainly. Physicians: please write the causes of death clearly and legibly.

80860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

F 80860

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 West Lanvale St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll T. Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Coal + wood dealer

11. Industry or business —

FATHER 12. Name James Bailey
13. Birthplace Virginia

MOTHER 14. Maiden Name Martha
15. Birthplace Virginia

16 (a) Informant Abe Lawes
(b) Address 929 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Arco Md

18 (a) Funeral director Sarah L Bronson
(b) Address 1042 Montgomery St

19 (a) (Signature of registrar) (b) Registrar

MAY 22 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941. at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25/1941. to May 20 1941. and that I last saw him alive on 4/19/41 at .

Immediate cause of death Bronchogenic Carcinoma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell M.D.

Address 6012 N. Carrollton Ave Date signed 5/22/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 80861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

F 80861

Registered No. 25 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 Huron
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Huron (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Catherine Hunter (Birth F 28182)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	col	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1941

8. AGE: Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Hunter
13. Birthplace Va

MOTHER
14. Maiden Name Mary Neal
15. Birthplace Va

16 (a) Informant Mary Hunter
(b) Address 2405 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs. Geo. E. Lofland
(b) Address 1631 Druid Hill Ave

19 (a) MAY 22 1941 (Date received by registrar) (b) Hunting for Williams [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 4:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 22 1941, and that I last saw h[illegible] alive on May 21 1941.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 hour
Due to Congenital Aortic Stenosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Counts M. D.
Address 665 W Baltimore Date signed 5/22/41

F 80862 F 80862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402, Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Ross

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1852

8. AGE: Years	Months	Days	If less than one day
88	7	4	hr. min.

9. Birthplace Sunderland, Md. (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Helen Thornton
(b) Address 1402 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) MAY 22 1941 (Date received by City Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to May 20 1941, and that I last saw him alive on May 20 1941.

Immediate cause of death	Duration
Gangrene	
Vascular Renal	
Due to Albuminuria	
Due to Age	
Other Conditions "	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. S. Hawkins M. D.
Address 1302 Druid Hill Ave Date signed 5-22-41

1302 Druid Hill Ave

VS 3

F 80863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/131-M

F 80863 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 Druid Hill Ave (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1854

8. AGE: Years 87 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Savage
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sidney Hall
15. Birthplace Baltimore Md

16 (a) Informant Miss Ella R. Cummings
(b) Address 1234 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1941, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941 to May 19 1941 and that I last saw him alive on May 19 1941.

Immediate cause of death: Hypertensive cardio-vascular-renal disease

Due to (Uremia)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration: Not Known

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed May 21/41

Rayner Browne

F 80864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 80864 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 913 Madison Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 913 Madison Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-1890

8. AGE: Years 51 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Own Home

FATHER

12. Name ? ? Jackson

13. Birthplace Harford Co. Md

MOTHER

14. Maiden Name Bella ? ?

15. Birthplace Harford Co. Md.

16 (a) Informant Helen R. Winston

(b) Address 325 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (month) (day) (year)

(c) Cemetery or crematory Fairview

Location Harford Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (b) Registrar

MAY 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1941, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1941, to May 20th 1941, and that I last saw her alive on May 20 1941.

Immediate cause of death	Duration
Acute Paralysis	
Due to Cerebral Hemorrhage	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. Grant Scott M. D.

Address 354 N. Bedford Date signed 5-21-41

F 80865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a

F 80865 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 N Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 N Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Martha V. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	cd	widow

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 85

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	8			

9. Birthplace Lancaster Co. Va (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name ? James
13. Birthplace Va

MOTHER
14. Maiden Name Violet James
15. Birthplace ?

16 (a) Informant Earl Smith
(b) Address 326 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Lancaster
Location County, Va.

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Pressman St

19 (a) (Date received by registrar) (b) Registrar

MAY 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941 to May 21 1941 and that I last saw h alive on May 21 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 4 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1530 Druid Date signed 5/22/41 D. 1

F 80866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80866

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct. This is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 N. MILTON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. MILTON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NANCY R. BUDDENBOHN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 25 1936

8. AGE: Years	Months	Days	If less than one day
4	11 10	25	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name HOWARD BUDDENBOHN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name EVA SCHMIDT
15. Birthplace BALTO. MD.

16 (a) Informant HOWARD BUDDENBOHN
(b) Address 527 N. MILTON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zalesky
(b) Address 403 S. WOLFE ST.

19 Date rec'd by registrar Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20 1941, at 8 p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to May 20 1941, and that I last saw her alive on May 20 1941.

Immediate cause of death	Duration
Wilm's Tumor	10 mos.
Due to left kidney	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd, M. D.
Address 2005 E. Monument St
Date signed 5/21/41

80867 ·

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80867 · 83-a Registered No. 94125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gaston & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Morrell Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Spence st. (If rural give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ada Muehl

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ferdinand Muehl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 92

8. AGE: Years 49 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Daniel McGilton

13. Birthplace Ireland

MOTHER 14. Maiden Name Jeanne Walters

15. Birthplace Maryland

16 (a) Informant Muriel Emmonds

(b) Address 1801 Spence St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/41 (month) (day) (year)

(c) Cemetery or crematory Werley Chapel

Location Balto Co.

18 (a) Funeral director Edw Fowlkes

(b) Address 2319 Wood Blvd

19 (a) (Date rec'd by registrar) (b) Huntington Wilkens, Md.

MAY 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941 to May 21 1941 and that I last saw h.e alive on May 21 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J C Tourné M. D.

Address St Agnes Hospital Date signed May 21 41

F 80868

80868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Forest St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Drega

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. (Birth F 28210)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 - 1941

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Drega

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna Garvey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Garvey

(Address) 1611 Forest St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 5-22-41

19. UNDERTAKER W. S. Fiallrowski

(Address) 2007 Eastern Ave

20. FILED MAY 22 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 21 1941 to May 22 1941

I last saw h[illegible] alive on May 22 1941. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Partial Seperation of Placenta	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leon D. Hoke M. D.

(Address) 4720 Flemington Ave

V. S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

80869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 80869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Redwood St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles White (65990)

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.: ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1891

8. AGE: Years 49 | Months 6 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER — 12. Name James White
13. Birthplace Scotland

MOTHER — 14. Maiden Name Rebecca Macon
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 23/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto Md

18 (a) Funeral director John Ellrich
(b) Address 2028 Orleans St

(a) Filed (Registrar) (b) Huntington Will, Registrar, M.D.

MAY 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1941, at 1:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1941, to May 21, 1941, and that I last saw him alive on May 21, 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: 26 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David X Hollander M. D.
Address Balto City Hosp Date signed 5-21-41

80870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 80870

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3130 Loch Raven Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3131 Loch Raven Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma G. Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Chas E Stevens

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 14. 1857

8. AGE: Years	Months	Days	If less than one day
83	6	17	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Dont Know

13. Birthplace Dont Know

MOTHER 14. Maiden Name Dont Know

15. Birthplace " "

16 (a) Informant Thos Maguire

(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 23/41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Eastern Ave extended

18 (a) Funeral director John Welsh

(b) Address 2008 Orleans St

19 (a) MAY 22 1941 (b) Huntington Williams M.D.

(Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1941, at 915 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1941 to May 21 1941, and that I last saw h[illegible] alive on May 21 1941.

Immediate cause of death

Paralysis — Duration 3 days

Due to

Due to Cerebral Haemorrhage, duty

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Patrick [illegible] M.D.

Address 11 W 25th Date signed May 22 41

VS 1

80871 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 80871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1162 W. Hamburg St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Selbergohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Paul Vorbringer
13. Birthplace Germany

MOTHER
14. Maiden Name Helen Yendle
15. Birthplace Germany

16 (a) Informant John Selbergohn
(b) Address 1162 Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Edmondson Ave

18 (a) Funeral director John Welsh
(b) Address 2021 Arlington

MAY 22 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 6 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-1941 to 5-22 1941, and that I last saw her alive on 5-21 1941.

Immediate cause of death	Duration
Hemorrhage	
Due to Carcinoma of cervix	
Due to with multiple metastases	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Karns M. D.
Address Univ. Hosp. Date signed 5-22-41

VS 3

F 80872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-7 Registered No. F 80872

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Plowmans alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR FAULKNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-4317

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Nova Scotia (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name "

MOTHER 15. Birthplace

16 (a) Informant Mr. Geo. Bird

(b) Address 128 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 41 (month) (day) (year)

(c) Cemetery or crematory St Pauls

Location Govans Lane

18 (a) Funeral director J. Heneman & Son

(b) Address 32 S. Broadway

19 (a) MAY 22 1941 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 5-21-41

VS 6

F 80873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-B

F 80873

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Eugene V. Mathews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1871

8. AGE: Years	Months	Days	If less than one day
69 ~~65~~	7	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Jerod Holtzman ~~Mathews~~
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Reed
15. Birthplace Md.

16 (a) Informant William Mathews
(b) Address 1830 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/41 (month) (day) (year)
(c) Cemetery or crematory London Pk. Cem.
Location Frederick Md.

18 (a) Funeral director Amy G. Miller
(b) Address 1334 Jefferson St.

19 (a) MAY 23 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 12 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1941, to May 20 1941, and that I last saw her alive on May 19 1941.

Immediate cause of death	Duration
Cardiac Failure	5 d.
Due to Hypertensive H. D.	?
Due to	
Other Conditions Ca Body Uteris + Hemorrhage 2nd degree	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Reimann, M.D. M. D.
Address Church Home Inf. Date signed 5/24/41

3918 F 80874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

F 80874 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Little
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-10-67
8. AGE: Years 73 | Months 11 | Days 10 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Thomas Leonard
13. Birthplace Md
MOTHER 14. Maiden Name Sarah Vain
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Eastern Ave.
18 (a) Funeral director John A. Miller
(b) Address 1334 Jefferson St.
19 (a) MAY 22 1941 (Date received by Registrar) (b) Signature of Registrar [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941 at 1 10 a.m.
21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1941 to May 20 1941 and that I last saw h.er alive on May 20 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension.	years
Due to	
Other Conditions Hyperthyroidism Heart failure	5 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
Findings of autopsy Cerebral hemorrhage; Gaitre, Myocardial infarct.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry F. Klumpfelter M. D.
Address [illegible] Date signed 5/20/41

80875 HEALTH DEPARTMENT—CITY OF BALTIMORE 80875

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 W Lanvale St. 16-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/4/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longreen, Md.

FATHER

13. NAME Charles Gray

14. BIRTHPLACE (city or town) (State or country) Longreen Md.

MOTHER

15. MAIDEN NAME Louisa Polsten

16. BIRTHPLACE (city or town) (State or country) Longreen Md.

17. INFORMANT Alice Gray (S)
(Address) 533 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 5/23/41 19

19. UNDERTAKER Charles Harper
(Address) 514 N. Calhoun St.

20. FILED MAY 22 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1941

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1941, to 5/20, 1941

I last saw h.. alive on 5/14, 1941 Death is said to have occurred on the date stated above, at 5.07 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Bill. R Chetty M. D.

(Address) 2/39 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 80876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JULIA OLSZEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Stanley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 189[illegible]

8. AGE: Years 47 45 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Stas
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Szyret
15. Birthplace Poland

16 (a) Informant Stanley Olszewski
(b) Address 9 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 - 41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Dundalk Md Road

18 (a) Funeral director Fred W Czaykowski
(b) Address 9 S Eastern Ave

19 (a) MAY 22 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 4 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Wallenweber M.D. Medical Examiner.
Date signed 5-21-41

80877 | BALTIMORE CITY HEALTH DEPARTMENT | E 80877

CERTIFICATE OF DEATH 131-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d
(e) Length of stay in Baltimore (yrs., mos., or days) ? Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5912 Bellona Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. Gardner
3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 12 1875

8. AGE: Years	Months	Days	If less than one day
65 66	8	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ? Housekeeper
11. Industry or business ? Own Home

FATHER
12. Name ? George Gardner
13. Birthplace ? Unknown

MOTHER
14. Maiden Name ? Olivia (unknown)
15. Birthplace ?

16 (a) Informant CHART Emily Gardner
(b) Address 5912 Bellona Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Hudson & Taylor
(b) Address 317 N Eutaw St

19 (a) MAY 28 1941 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1941 at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1941, to 5-21 1941, and that I last saw him alive on 5-21 1941.

Immediate cause of death: Arteriosclerotic Heart disease — Duration: ?

Due to

Due to

Other Conditions Renal changes due to above (Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R H Clifford
Address Union Memorial Hospital Date signed 5/21/41

80878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 80878

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM E WALKER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	2	26		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Coal Tar Dealer
11. Industry or business Self

FATHER
12. Name John H. Walker
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Taylor
15. Birthplace Md

16 (a) Informant Irvin E Walker
(b) Address 625 E 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 24 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Wilhom Co
(b) Address 1219 W Fort St

19 MAY 22 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 9:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 5-24-41

VS 6

F 80879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G3-D

F 80879 Registered No.

JN 65195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo9da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Hayward Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James McIlvaney

3 (b) If veteran, name war: ?
3 (c) Social Security Account No. ? NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Ida (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1863

8. AGE: Years	Months	Days	If less than one day
???	6	25 ?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Pensioned City Employee
11. Industry or business

FATHER
12. Name Merchant
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Carson
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Jim Cox
(b) Address 317 St. Paul St.

MAY 22 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 8 25/a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1941, to 5-22 1941, and that I last saw him alive on 5-22 1941.

Immediate cause of death	Duration
Cardiac failure	
Due to auricular fibrillation	
Due to Arteriosclerotic C. V. D.	
Other Conditions Gangrene Rt. Leg	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder
Address Balto. City Hosp. Date signed 5-22-41 M.D.

80880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80880

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. Main St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hallie E. Lane

3 (b) If veteran, name war W

3 (c) Social Security Account No. 218-07-9030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Lena Lane
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace New Hampshire (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Bethlehem Steel

FATHER
12. Name George Lane
13. Birthplace New York

MOTHER
14. Maiden Name Mary —
15. Birthplace Unknown

16 (a) Informant Lena Lane
(b) Address Main St. Dundalk Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Maryland Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Wilhelm Co.
(b) Address 319 E Fort Ave

19 (a) MAY 22 1941 (Date rec'd by registrar) (b) Interring for Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1941, to 5-22 1941, and that I last saw h[illegible] alive on 5-22 1941.

Immediate cause of death	Duration
Dissecting Aneurysm of Aorta	2 days
Coronary Thrombosis	
Due to	
Embolism at Bifurcation	2 days
Due to	
of Aorta	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Leitch M. D.
Address Univ. Hospital Date signed 5-22-41

F 80881 22

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-C Registered No. F 80881

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town PASADENA (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Kinder

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Gustav
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-1872

8. AGE: Years 68 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name FARNARD Will
13. Birthplace GERMANY

MOTHER
14. Maiden Name WILAMINA GREEN
15. Birthplace GERMANY

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Pine Bunal Ground
Location Eastern Ave & Rt 700
18 (a) Funeral director J.M. Cole
(b) Address 1217 E Cold St
19 (a) MAY 22 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 21 1941, at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 15 1941 to MAY 21 1941, and that I last saw her alive on MAY 21 1941

Immediate cause of death Anoxemia — Duration

Due to Compression of trachea

Due to Thyroid goiter & possible Carcinoma — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. McGehee Harvey M. D.
Address Johns Hopkins Hosp. Date signed May 22 1941

VS 8

80882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 80882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cassandra A Boone

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George Boone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1864

8. AGE: Years 76 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Christian Miller
13. Birthplace Md

MOTHER
14. Maiden Name Martha Grosnell
15. Birthplace Md

16 (a) Informant Gaylord Thompson
(b) Address 2824 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Md
Location Baltimore Md

18 (a) Funeral director Wilson Lodge
(b) Address 1219 E Fort Ave

19 MAY 22 1941 (Date received by local registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 11:08 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1941, to May 20 1941, and that I last saw h[illegible] alive on May 20 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive Cardio-Vascular Disease	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph A. Gyon M. D.
Address 723 E York Ave Date signed 5-21-41

VS 3

F 80883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 Gittings Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 12
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Gittings Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Eliza Beemer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Oakley Beemer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1860

8. AGE: Years	Months	Days	If less than one day
80	9 7	28	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Samuel Smith
13. Birthplace Pa.

MOTHER
14. Maiden Name Frances Brown
15. Birthplace Pa.

16 (a) Informant Mary J. Andersen
(b) Address 217 Gittings Avenue, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Jno. O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 [illegible] (Date rec'd by registrar) Hattie Lee Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1941 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] to 5/21 1941, and that I last saw h[illegible] alive on 5/18/41 19

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack A. McGuigan M. D.
Address 6 E. Read St. Date signed 5/24/41

80884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 - Registered No. F 80884

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MELVILLE STRASBURGER Geanette Strasburger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband ~~or wife~~ Melville Strasburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1882

8. AGE: Years	Months	Days	If less than one day
59	4	19	hr. min.

9. Birthplace Ala. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathan Hirshtein
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Emrich
15. Birthplace Germany

16 (a) Informant Mrs. M. Strasburger
(b) Address 2227 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Leuthan & Son
(b) Address 1902 Eutaw Place

MAY 22 1941 Huntington Williams M.D.
Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941, to May 22 1941, that I last saw her alive on May 22 1941.

Immediate cause of death	Duration
Circulatory failure	
Due to Congestive Heart Failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 5/22/41

VS 8

80885 | BALTIMORE CITY HEALTH DEPARTMENT | 131-a | F 80885

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 Reisterstown Rd
(c) Hospital or institution: XXXXX
(d) Length of stay in hospital or inst. (yrs., mos., or days) XX
(e) Length of stay in Baltimore (yrs., mos., or days) XXX

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 Reistertown Rd. 15-4
(If rural give location)
(e) If foreign born, how long in U. S. A.? XX years

3 (a) FULL NAME Esther Spieldock-

3 (b) If veteran, name war	3 (c) Social Security Account No.
XX	XXX

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Single

6 (b) Name of husband or wife XXXX
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6-1861

8. AGE: Years	Months	Days	If less than one day
80	3	15	hr. min.

9. Birthplace New York City.
(Town, county, and state)
10. Usual Occupation XXX
11. Industry or business XXX

FATHER
12. Name Leopold Spieldock
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Louis Horn
(b) Address 2426 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location Balto & Conklin Sts.

18 (a) Funeral director Lehnen & Bro
(b) Address 2402 Reisterstown Rd.

19 MAY 22 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1938 to May 21 1941, and that I last saw h[illegible] alive on May 21 1941.

Immediate cause of death: Arteriosclerosis
Due to: Chr. Nephritis

Duration
1938
1940.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2220 Eutaw Pl. Date signed 5-22-41

VS 3

F 80886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 80886

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5610 Brandon

(c) Hospital or institution: Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4011 Regent Ave (If rural give location)

(e) If foreign born, how long in U. S.? — years

3 (a) FULL NAME Mrs. John B. Griffin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Georgia Griffin

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1885

8. AGE: Years 56 | Months 8 | Days 16 | If less than one day: hr. min.

9. Birthplace: Baltimore (town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Michael Griffin

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Catherine Cosgrove

15. Birthplace: Ireland

16 (a) Informant: Mrs. Georgia Griffin

(b) Address: 4011 Regent Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)

(c) Cemetery or crematory: Cathedral

Location: Balto, Md.

18 (a) Funeral director: Thomas F. Flynn

(b) Address: 1422 Light St.

19 (a) MAY 23 1941 (Date received by registrar) (b) Registrar

Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1941, to May 22 1941, and that I last saw h[illegible] alive on May 22 1941.

Immediate cause of death: Lobar pneumonia, right — Duration: 5 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature J. Rolfe Towers, Jr. M. D.

Address Church Home & Inf. Date signed 5/27/41

F 80887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 80887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 White Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 White Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-10

3 (a) FULL NAME George L. Bassford

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of ~~husband or~~ wife: Late Grace A. (nee Forwood)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1871

8. AGE: Years 69 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Mail Carrier

FATHER 12. Name Bassford

13. Birthplace Md.

MOTHER 14. Maiden Name Mullikin

15. Birthplace Md.

16 (a) Informant Mrs. Margaret Bassford

(b) Address 4404 White Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/41. (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Harry H. Mitzke

(b) Address 4101 E Monument ave

19 (a) (Date received by Registrar) MAY 23 1941 (b) Huntington Woodstock, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 11-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to May 20 1941, and that I last saw him alive on May 20 1941.

Immediate Cause of death: Coronary Thrombosis — Duration: 1 day

Due to:

Due to:

Other Conditions: Myocarditis Hypertension & Arteriosclerosis — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George L. Wisong M. D.
Address 4000 Edmondson Ave Date signed 5-22-41

F 80888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80888

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1034 E North Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1034 E North Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

98

3 (a) FULL NAME Ada E Renner

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm F Renner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1883

8. AGE: Years 57 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank Johnson

13. Birthplace Balt Md

MOTHER 14. Maiden Name Louise Cahl

15. Birthplace Germany

16 (a) Informant Wilhelmina Renner

(b) Address 1828 Argyle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md

18 (a) Funeral director Pilhorn & Co

(b) Address 1217 E Fayette St

19 (a) MAY 23 1941 (Date received by registrar) Huntington Williams Registrar

(b) VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1941, to May 20 1941, and that I last saw her alive on May 20 1941.

Immediate cause of death	Duration
Ch Nephritis	
Ch Hypertension	
Due to	
Due to Coronary Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Hornstein M. D.

Address 733 Argyle St Date signed 5/22/41

F 80889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80889 Registered No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayna Ave
(c) Hospital or institution: West Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town 201 S. Marlyn Ave Essex Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rebecca Lazarus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Abram

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Ellick Harlip
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Rubnitz
15. Birthplace Russia

16 (a) Informant Abe Lazarus
(b) Address 201 S. Marlyn Ave Essex Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E. Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North ve

19 (a) ..... (Date received by registrar) (b) Thomas J. Williams M.D.

MAY 23 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4/41 19..... to 5/22 1941 and that I last saw h.... alive on May 22 1941.

Immediate cause of death Pulmonary Embolism — Duration .....
Due to Staghorn calculus Left Kidney
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Staghorn calculus Left Kidney
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Leonard Wallenstein M. D.
Address 1124 W North Ave Date signed May 22

Dr Ewald 36 York Court Hardy 4629

F 80890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 80890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 Kirk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Kirk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Brandt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of ~~husband or~~ wife Geo. W. Brandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1862

8. AGE: Years	Months	Days	If less than one day
78	7	13	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name George Ammer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lindeman
15. Birthplace Germany

16 (a) Informant Adam Brandt
(b) Address 1900 Barclay St.

17 (a) Burial (b) Date thereof 5/24/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAY 23 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1941, 7:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to May 21 1941, and that I last saw her alive on May 21 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 mo
Due to Cardio-vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald Jr. M.D.
Address 36 York Court Date signed 6/22/41

VS 8

F 80891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N Bay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT Edward COLLINANE

3 (b) If veteran, name war

3 (c) Social Security Account No. 014-18-4319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) January 5-1905

8. AGE: Years	Months	Days	If less than one day
36	4	15	hr. min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation Oiler
11. Industry or business Merchant Marine

FATHER
12. Name [illegible]
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address Kansas City, Mo

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 23-1941 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Fort Lincoln
Location Bladensburg, Md

18 (a) Funeral director [illegible]
(b) Address

19 MAY 23 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Chronic alcoholism	
Due to	
Due to	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Asst. Medical Examiner M.D.
Date signed 5-24-41

VS 6

F 80892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A Registered No. F 80892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County U. S. A.
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lucy Coleman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife George

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Roy
13. Birthplace Va.

MOTHER
14. Maiden Name Maria Hughes
15. Birthplace Va.

16 (a) Informant Ray Dickson
(b) Address 2210 Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)

(c) Cemetery or crematory Culpepper
Location Va.

18 (a) Funeral director Geo. W. Nelson
(b) Address 1303 Pressman St.

19 (a) — (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAY 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1941 to May 20 1941, and that I last saw he[r] alive on May 20 1941.

Immediate cause of death	Duration
Chronic Nephritis	
Arteriosclerosis	
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Phillips M. D.

Address 1514 Division St Date signed 5/24/41

F 80893 †

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 ✓ Registered No. F 80893 †

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo. 24 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Harmans (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ORDORY BUMMEY BURLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Armanella Burley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1891

8. AGE: Years	Months	Days	If less than one day
50	1	9	hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Farm

FATHER
12. Name Grayson Burley
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Burley
15. Birthplace Md.

16 (a) Informant Armanella Burley
(b) Address Harmans Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-41 (month) (day) (year)
(c) Cemetery or crematory Ft. Rest Cem.
Location Harmans A. A. Co. Md.

18 (a) Funeral director Mrs Francis A. Hunsley
(b) Address 576 W. Biddle St

19 (a) (Registrar) (b) Huntington Williams, M.D. Registrar

MAY 23 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 12 20 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudd.
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 5-20-41

F 80894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 Registered No. F 80894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: ~~Country, Town or Township~~ NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Cecil
(c) City or town PORT DEPOSIT (If outside city or town limits, write RURAL and give town)
(d) Street No. TOME SCHOOL (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES BAKER THOMPSON II F 28251

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-1941

8. AGE: Years	Months	Days	If less than one day
		5 6	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name CHARLES B. THOMPSON
13. Birthplace CONN.

MOTHER 14. Maiden Name UNA BANGS
15. Birthplace MASS.

16 (a) Informant
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 23 1941 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAY 23 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 22 1941, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 17 1941, to MAY 22 1941, and that I last saw him alive on MAY 22 1941.

Immediate cause of death	Duration
ACCIDENTAL ASPHIAXIATION	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence 5-22-41
(c) Where did injury occur? CHURCH HOME & INF. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? (Specify type of place)
(e) Means of injury Found face smothered in the mattress of Bed

23. Signature Isabella Harrison M. D.
Address Church Home Infirmary Date signed 5-22

VS 3

6497

F 80895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 80895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David F Herr

3 (b) If veteran, (name war) none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Rose Herr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-1866

8. AGE: Years	Months	Days	If less than one day
75	2	26	hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Mechanic Operator

11. Industry or business Iron Wood.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Amanda Ramsey
15. Birthplace Baltimore Md

16 (a) Informant Howard W Herr
(b) Address 939 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 847 E Lemmon Ave

19 MAY 23 1941 (b) Huntington Woodruff M.D.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 - 1941, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19th, to May 22 1941, and that I last saw h alive on May 22 1941.

Immediate cause of death	Duration
Organic Dis of Heart	14 yrs
Due to Arterio-Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H J Woodruff M.D.
Address 939 W Fayette Date signed May 24 1941

VS 3

Dr. Feldman
1319 Light St.
South 0309

F 80896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 80896

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Sunwalt Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Sunwalt Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Martin J Ragan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1864

8. AGE: Years	Months	Days	If less than one day
76	5	22	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Ragan.
13. Birthplace Not Known

MOTHER
14. Maiden Name Catherine Scall
15. Birthplace Not Known

16 (a) Informant Mrs Anna Whaland.
(b) Address 1015 Sunwalt Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem Co.
Location

18 (a) Funeral director Bernard G Hahn
(b) Address 121 E. West St

19 (a) MAY 23 1941 (Registered by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1941 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 1941 to May 22, 1941 and that I last saw h alive on May 21, 1941.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Friedman, M. D.
Address 1319 Light St. Date signed May 23, 1941

VS 3

F 80897 ✓ F 80897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Carolina St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. LUZERNE AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Joseph Mislowski

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: ROSE L. MISLOWSKI
6 (c) If alive, give age: 49 years
7. Birth date of deceased (mo., day, yr.): OCT. 14, 1891
8. AGE: Years 49 | Months 7 | Days 6 | If less than one day: hr. min. — 50

9. Birthplace: MOSCOW, RUSSIA (Town, county, and state)
10. Usual Occupation: TANK ROOM
11. Industry or business: COPPER REFINING

FATHER
12. Name: NICHOLI MISLOWSKI
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: RUSSIA

16 (a) Informant: ROSE L. MISLOWSKI (WIFE)
(b) Address: 206 N. LUZERNE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/24/1941 (month) (day) (year)
(c) Cemetery or crematory: HOLY TRINITY RUSSIAN
Location: WINTHROP HGTS., MD

18 (a) Funeral director: Walter Burdett Bradley
(b) Address: 1922 W. NORTH AVE. Huntington Williams, Inc.

19 MAY 23 1941 (b) Registrar
(Month, day, year received)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20th 1941, at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1941, to May 20 1941, and that I last saw h[illegible] alive on May 1941.

Immediate cause of death	Duration
Acute dilatation of Heart	
Due to Emphysema	
Due to Bronchostenosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William J. Lysaught M. D.
Address: St Joseph's Hosp Date signed: 5-20-41

F 80898

F 80898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131- Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3029 E. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Buntscher

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow.

6 (b) Name of husband or wife Charles H. Buntscher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17. 1874

8. AGE: Years	Months	Days	If less than one day
67	2	5	hr. min.

9. Birthplace Ohio.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Peter Simonera.
13. Birthplace Ohio.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Ohio.

16 (a) Informant Mr. Nick Buntscher
(b) Address 3029 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer.
Location Belair Road.

18 (a) Funeral director Cheronis & Donovan
(b) Address 3615-17 Preston St.

19 (a) (Signature of Registrar) (b) Huntington Williams M.D. Registrar

MAY 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21-41 1941, to 5-22 1941, and that I last saw h.. alive on 5-22 1941.

Immediate cause of death	Uremia	
Due to	Chronic nephritis	2 years
Due to		
Other Conditions	Hypertensive cardio vascular disease	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Ryan M. D.
Address St Joseph's Hosp Date signed 5-22-41

Dr Ryan

F 80899 ·

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 80899 ·

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 702 Puritan St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife: Albert W. Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1870

8. AGE: Years 71 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER — 12. Name Samuel Disney.

13. Birthplace Md.

MOTHER — 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Bessie Myles.

(b) Address 702 Puritan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/41 (month) (day) (year)

(c) Cemetery or crematory St. Mary's.

Location Hampden

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Harford Ave. Registrar

19 (a) MAY 26 1941 (b) (Date received by local registrar) Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21-41 19 , at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-41 19 , to 5-21-41 19 , and that I last saw h[illegible] alive on 5-21-41 19 .

	Duration
Immediate cause of death: Generalized peritonitis	4 days
Due to: Perforated appendix	4 days
Due to:	
Other Conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: Same	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Univ. Hosp. Date signed 5-21-41

F 80900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

Registered No. F 80900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married.

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 · 15 · 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	1	6		

9. Birthplace St Michaels Md (Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name James P. Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Alberta H. White
15. Birthplace Md.

16 (a) Informant Alberta Hughes
(b) Address 405 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 23 / 41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem—
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1600 W. Fayette St

19 (a) MAY 23 1941 (Date rec'd by registrar) (b) Huntingtown Calvert Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 · 21 1941, at 4.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936 to 5 · 21 1941, and that I last saw him alive on 5 · 19 · 1941.

Immediate cause of death	Duration
Sarcoma of spine	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raynes Browne
Address 1500 E. Madison St. Date signed 6/26/41

VS 3

F 80901

F 80901

Hemon Simmons

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 80901

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 E. Fayette St. 2nd flor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hemon Simmons

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-8415

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Olivia Simmons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/13

8. AGE: Years 27 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Savanah Ga.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Simmons
13. Birthplace Savanah, Ga

MOTHER
14. Maiden Name Lidia ?
15. Birthplace ?

16 (a) Informant Olivia Jenkins
(b) Address 1025 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) MAY 23 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1941, at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Bullet wound of heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5/18/41
(c) Where did injury occur? 100 S Bond St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pistol - In tavern

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 5/19/41

F 80902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80902

CERTIFICATE OF DEATH

124-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1846 N. Collington Ave. 8 - W Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Josephine Botsack

If U. S. Veteran specify WAR _____

(a) Residence: No. 1846 N Collington Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. Botsack.

6. DATE OF BIRTH (month, day, year) Apr. 27 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	-	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John L. Berger.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Fox

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frieda Botsack

(Address) 1846 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 24 1941

19. UNDERTAKER Geo M. Smith & Son

(Address) 811 N. Eutaw St.

MAY 23 1941 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 . 1941

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1941 to May 22, 1941

I last saw her alive on May 22, 1941. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Arteri-Sclerosis	
Cirrhosis (non-alcoholic)	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? No Date of _____

For what disease or injury? —

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Andrew Kuntkowski M. D.

(Address) 2029 Eastern Ave.

F 80903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 80903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4031 Greenmount Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4031 Greenmount Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SUSIE CALLARY CREW

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Oliver Howard Crew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 17 1870

8. AGE: Years 70 | Months 6 | Days 4 | If less than one day: hr. min.

9. Birthplace: Harford County, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Patrick Callary
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Catherine Hurley
15. Birthplace: Ireland

16 (a) Informant: Mrs. Elsie Weisenborn
(b) Address: 2204 Aiken Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1941, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12-1938 to 5-21-1941, and that I last saw h alive on 5-20-1941.

	Duration
Immediate cause of death: Toxaemia	1 mo.
Due to: Gangrene foot	2 mos.
Due to: Diabetes Mellitus	Unknown
Other Conditions: Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Ryland M. D.
Address 1802 Harford Ave. Date signed 5-22-41

HEALTH DEPARTMENT—CITY OF BALTIMORE 80904

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Virginia House
(a) Residence: No. 709 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John M. House
7. DATE OF BIRTH (month, day, year): July 28, 1876
7. AGE: Years 64; Months 9; Days 25; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Harford Co., Maryland
13. NAME: William Ayers
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Carrie Summers
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT: Mr. John M. House
(Address): 709 E. 20th Street
18. BURIAL, CREMATION OR REMOVAL
Place: Highland Cem. Date: 5/ /41
Highland, Md.
19. UNDERTAKER: Wm. J. Tickner & Sons, Inc.
(Address): North & Pa. Avenues
FILED 19 By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23, 1941
22. I HEREBY CERTIFY, That I attended deceased from May 21, 1941 to May 23, 1941
I last saw her alive on May 22, 1941. Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Cerebral Hemorrhage	

Other contributory causes of importance:
Hypertensive cardiac — Vascular disease —
Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Spinal puncture Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Oscar Hartman M. D.
(Address) Franklin Square Hospital

MAY 23 1941

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80905

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address North Broadway

(c) Hospital or institution Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Rural - Severn Park

(If outside city or town limits, write RURAL and give town)

(d) Street No. Hamilton Bank

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Miss Henrietta Frederick

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1871

8. AGE: Years	Months	Days	If less than one day
69	9	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Lewis F. Frederick

13. Birthplace Maryland

MOTHER

14. Maiden Name Henrietta A. Moss

15. Birthplace Maryland

16 (a) Informant Mrs. Hattie C. Lowden

(b) Address Severn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Woodlawn Cemetery

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

MAY 23 1941

19 (a) (Date rec'd by registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 5.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941, to May 22 1941, and that I last saw h[illegible] alive on May 22 1941.

Immediate cause of death Myocardial failure

Due to Arteriosclerotic G-U-R Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operation Clarification of arteries

Of autopsy Natural values

Duration
4 months
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Knight Andrews, Jr. M. D.

Address Severn Road Md. Date signed 5/24/41

80906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE. STS.
(c) Hospital or institution: ST. JOSEPHS HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ MOS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 N PAYSON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MR. FREDERICK C. SCHMIDT

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-10-1542

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Lillian Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1878

8. AGE: Years 62 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Chicago, Ill (Town, county, and state)

10. Usual Occupation Balto Transit Employee

11. Industry or business Retired (Motorman)

FATHER
12. Name Frank C. Schmidt
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Lamb
15. Birthplace Belfast, Ireland

16 (a) Informant Miss Margaret Schmidt
(b) Address 1914 Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

MAY 23 1941 (Date Rec'd By Registrar) (b) Huntington Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 7⁴⁰ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941, to 5-22 1941, and that I last saw h[illegible] alive on 5-21 1941.

Immediate cause of death: Congestive Heart Failure — Duration: 5 Mons.
Due to: Arteriosclerotic Hypertensive Heart Disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lyons M.D.
Address Joseph's Hosp. Date signed 5-22-41

J. O'LEARY

F 80907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80907 Registered No. 83a

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Avenue
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Dorsey Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES S. SHAFFAR, SR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Shaffar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1861

8. AGE: Years	Months	Days	If less than one day
79	5	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Shaffar
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah B. ?
15. Birthplace Unknown

16 (a) Informant Mr. Charles Shaffar, Jr.
(b) Address 3207 Beverly Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 23 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941, to May 22 1941, and that I last saw him alive on May 20/41.

Immediate cause of death: Cerebral Haemorrhage — Duration 5 hrs/days
Due to: Arteriosclerosis — 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wheatons, M.D.
Address 4309 York Rd. Date signed 5/22/41

F 80908

80908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 80908

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2403 Fleet St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2403 Fleet St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene H. Horney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May 19/1853

8. AGE: Years	Months	Days	If less than one day
88		3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Wachman

11. Industry or business Hubbard Co.

FATHER

12. Name Samuel Horney

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Elizabeth Cork

15. Birthplace Balto Md.

16 (a) Informant Anna Horney Wife

(b) Address 2403 Fleet t.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/41 (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location North Ave.

18 (a) Funeral director Lilly & Zadenbee

(b) Address 403 S. Wolfe St.

MAY 23 1941 Huntington Williams, M.D. Registrar

(Date filed) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22/41 19 12/9 AM PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to May 22 1941.

and that I last saw him alive on May 22 1941.

Immediate cause of death Bronchial Pneumonia

Due to Cardio Vascular Renal

Due to Neph

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 Days
a yrs.
a yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James J Cavanaugh M. D.

Address 334 McElderry Date signed May 24-41

80909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. E 80909

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northway Apts.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts. 17-1
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie Buck Focke

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wallis D. Focke

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Apr-11-1867

8. AGE: Years 74 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: John M. Buck
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Eleanor E. Coe
15. Birthplace: Balto Md

16 (a) Informant: Mr. W. D. Focke (Husband)
(b) Address: Northway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-24-41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Balto. Md.

18 (a) Funeral director: Sherwood & Conrad
(b) Address: 108 W. Monument

19 MAY 23 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1941 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1939, to 5-23 1941, and that I last saw her alive on 5-22 1941.

Immediate cause of death: Cancer of descending Colon — Duration: 20 Months

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Harry D. McCarty M. D.

Address 37 W. Preston St Date signed 5-23-41

80910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 80910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N. Calvert St.
(c) Hospital or institution: Place of Business
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Guyomm Falls Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Kingsbury Elgee Diffenderffer

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie B. Diffenderffer
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov 20-1864

8. AGE: Years	Months	Days	If less than one day
76	6	2	hr. min.

9. Birthplace Alexandria - Louisianna (Town, county, and state)
10. Usual Occupation Mechanical Engineer
11. Industry or business Printers

FATHER
12. Name William H. Diffenderffer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rebecca Rich
15. Birthplace Louisianna

16 (a) Informant Mrs N.B. Diffenderffer (wife)
(b) Address 3603 Guyomm Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-24-41 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Ave - Balto. Md

18 (a) Funeral director STEWART & HOWEN COMPANY
(b) Address (W. F. WOOLEN SUC.) 100 W. NORTH AVENUE

19 (a) MAY 23 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1941, at 11:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection + Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D. Woolsey M.D.
Medical Examiner.
Date signed 5-22-41

VS 6

F 80911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33a

F 80911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739-N. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739-N-Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry Winfield Yeakel.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed.

6 (b) Name of husband or wife Mary Yeakel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 14-1866

8. AGE: Years	Months	Days	If less than one day
74	11	7	hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)
10. Usual Occupation Horse shoer.
11. Industry or business

FATHER
12. Name Edmund Yeakel.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Bowers
15. Birthplace Not Known.

16 (a) Informant Mrs. Katherine Hall.
(b) Address 1739 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Dulaney Md

18 (a) Funeral director George J. Fuith Inc
(b) Address 1216 Harford Ave

19 (a) MAY 23 1941 (Date rec'd by registrar) Huntington W. Davis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941, to May 21 1941, and that I last saw him alive on May 21 1941.

Immediate cause of death	Duration
Cardiac insufficiency	3 days
Due to Senile degeneration	3½ mos
Due to Lobar pneumonia	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roscoe B. Evans M. D.
Address 2438 Maryland Ave Date signed May 23 1941.

VS 3

F 80912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 80912

Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 S. Charles. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY A. SASS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Julius SASS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1853

8. AGE: Years	Months	Days	If less than one day
90	11	6	hr. min.

9. Birthplace BALTIMORE, Md. (Town, county, and State)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Leonard Schemm
13. Birthplace GERMANY

MOTHER
14. Maiden Name Annie
15. Birthplace GERMANY

16 (a) Informant Mr. Robert Sass
(b) Address 1638 S. Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director J. F. McCauley
(b) Address 1638 S. Charles Street

19 (a) MAY 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1941, at 10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1941 to May 22, 1941 and that I last saw h[illegible] alive on May 21 1941.

Immediate cause of death Bronchopneumonia

Duration 15 days

Due to Senile Myocardial Disease 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Hawkins, M.D.
Address 1638 Eutaw Place Date signed 5/23/41

VS 2

80913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. E 80913

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 Lancaster St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Rienkiewitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Abt 1860

8. AGE: Years 80 81 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Balto City Hospitals
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/41 (month) (day) (year)
(c) Cemetery or crematory Sinai Mem. Park
Location Druid Hill Rd - Balto Co. Md

18 (a) Funeral director John J. Daley & Son
(b) Address 1318 Lancaster St.

MAY 23 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1941, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, neck of left femur — Intestinal Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence About May 14, 1941
(c) Where did injury occur Baltimore City Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell down bed

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/27/41

80914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-W

F 80914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Beaufort Ave.
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. County
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emily Henderson Craven

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John E. Craven
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1865

8. AGE: Years	Months	Days	If less than one day
76	1	23	hr. min.

9. Birthplace New York City. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frederick A. Barnard
13. Birthplace Unknown

MOTHER
14. Maiden Name Nannie Truxton
15. Birthplace Unknown

16 (a) Informant Mrs. Elizabeth C. Westcott
(b) Address Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Naval Cemetery
Location Annapolis Md.

18 (a) Funeral director W. J. Amoreau
(b) Address 1005 W. Baltimore St.

19 (a) MAY 23 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941 19 at 2 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 23 1941, and that I last saw h alive on May 23 1941.

Immediate cause of death
Apoplexy
Due to Arteriosclerosis
Due to Senility

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration
1 hr
Repeated strokes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Myerly M. D.
Address 3045 W. North Ave Date signed

VS 2

F 80915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCIS J. DWYER

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-6326

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
45			? hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 41 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Rd

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 MAY 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 41, at 4:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Wallenmaier M.D. Medical Examiner

Date signed 5-17-41

80916 HORNBARGER F 80916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mer.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Just came

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Cecil

(c) City or town Perryville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hornbarger

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-3804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1880

8. AGE: Years	Months	Days	If less than one day
61 60	0	13	hr. min.

9. Birthplace Hartford Co, Md. (Town, county, and state)

10. Usual Occupation Furnace foreman

11. Industry or business

FATHER 12. Name George Hornbarger

13. Birthplace Georgia

MOTHER 14. Maiden Name Louise Booth.

15. Birthplace Philadelphia

16 (a) Informant Margaret, wife

(b) Address Perryville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Perryville, Md.

18 (a) Funeral director E. A. Cattaway

(b) Address Perryville, Md.

MAY 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1941, at 4 26 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1941. to May 23 1941, and that I last saw h m alive on May 23 1941.

Immediate cause of death Intestinal Obstruction — Duration 2 wks.

Due to Carcinoma, rectum

Due to

Other Conditions Metastases.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Intestinal Obstruction

Of autopsy Carcinomatosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul H. Correll M. D.

Address Mercy Hospital Date signed 5/23/41

VS 2

80917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 80917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 S. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 S. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Margaretha Eiberle

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: W-

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Paul Eiberle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1884

8. AGE: Years 56 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business Own Home

FATHER
12. Name Simon Hild
13. Birthplace Germany

MOTHER
14. Maiden Name Ann Mussd
15. Birthplace Germany

16 (a) Informant Paul Eiberle
(b) Address 401 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Harry H. Mitzel
(b) Address 401 E Edmondson Ave

19 MAY 24 1941 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1941; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939 to May 22 1941, and that I last saw her alive on May 22 1941.

Immediate cause of death: Chronic nephritis with hypertension — Duration: 2 yrs

Due to:

Due to:

Other Conditions: Acute uremia — 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2010 Wilkens Ave Date signed 5/23/41

VS 3

80918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 S. Collins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Collins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Adele Katherine Schiffmacher

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Schiffmacher Carl Charles
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 21, 1865
8. AGE: Years 76 | Months | Days 1 | If less than one day hr. min.
9. Birthplace France (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Christopher Gangloff
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace France

16 (a) Informant Mrs. Frances Schiffmacher
(b) Address 116 S. Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Mitzke
(b) Address 1101 Edmondson Ave

19 MAY 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6/12 1936. May 22 1941. and that I last saw her alive on May 22 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 Days
Due to: Cardio Vascular disease & Hypertension — 5 yrs
Due to:
Other Conditions: Cerebral Hemorrhage — 6/26/1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Druid Park Ave Date signed 5/24/41

VS 3

80919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 80919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4339 Berger Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 4339 Berger Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Magdelena P Litt

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband ~~or wife~~ Wm L.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 29-1864
8. AGE: Years 76 | Months 4 | Days 24 | If less than one day hr min
9. Birthplace N. Y. (town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home

FATHER
12. Name Theodore Dauphin
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Geo W. S Plitt
(b) Address 4339 Berger Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wellington Cook
(b) Address 7 St Paul St

19 (a) MAY 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941 at 2.25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

23a. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence,
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Blynch M.D. Medical Examiner
Date signed 5/23/41

VS 6

80920
SS 65910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80920
48-a
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Brady Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

75-C

3 (a) FULL NAME Ella Bussey

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Denis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1902

8. AGE: Years	Months	Days	If less than one day
38	11	13	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business ?

FATHER
12. Name Cornelius Macom
13. Birthplace Ga.

MOTHER
14. Maiden Name Eva ?
15. Birthplace Ga.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-1941 (month) (day) (year)
(c) Cemetery or crematory Redan Cem.
Location Redan Ga.

18 (a) Funeral director Bethesda Funeral Home
(b) Address 1218 Mc Elderry St

19 (a) (Date rec'd by registrar) (b)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1941, to 5-22 1941, and that I last saw h[illegible] alive on 5-22 1941.

Immediate cause of death Generalized Metastasis
Carcinoma of Cervix — Duration a week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-13-41

Major findings of operation Metastasis

of autopsy Carcinoma of cervix Perforated perforation of bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Rydon
Address Balto. City Hosp. Date signed 5-23-41

F 80921
397764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 80921
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please correct any error especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 E. Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Kenon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1-39

8. AGE: Years	Months	Days	If less than one day
1	23/10	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Kenon
13. Birthplace N.C.

MOTHER
14. Maiden Name Willie Killbrew
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Anne Co. Md

18 (a) Funeral director Bryant Mamie Jr. Wright
(b) Address 128 E. Eldery St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1941, at 1100 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941, to May 21 1941, and that I last saw h alive on 19

Immediate cause of death	Duration
Tbc. Meningitis with acute onset	5 days.
Due to 5 days ago.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilmington Gantt M. D.
Address Johns Hopkins Hosp. Signed 5/22/41

80922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 G Registered No. F 80922

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Fremont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie P. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1864

8. AGE: Years	Months	Days	If less than one day
57	4	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Albert Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Nannie Poole
15. Birthplace Maryland

16 (a) Informant Thomas P. Jones
(b) Address 112 Court St. - Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director John B. Mitchell & Son Inc
(b) Address 1900 Eutaw Place

MAY 24 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 22 - 1941, at 5:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Poisoning
Due to: Sodium Fluoride
Due to:
Other Conditions: Acute Gastro-duodenitis
(Include pregnancy within 3 months of death)
~~Major findings~~ Operations: Psychoneurosis
Of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May - 22 - 1941
(c) Where did injury occur? Woodlawn Cemetery (City or town) Balto. Co (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Sodium Fluoride Poison

23. Signature Howard J. Moreland M.D. Medical Examiner.
Date signed May 22/41

VS 6

F 80923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 80923

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 months 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Chapman Hungerford.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Arthur E. Hungerford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1883

8. AGE: Years	Months	Days	If less than one day
58	4	13	hr. min.

9. Birthplace Beverly, N. J. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Henry C. Chapman
13. Birthplace Philadelphia

MOTHER
14. Maiden Name Clara B. Hovey
15. Birthplace Hanford, Conn.

16 (a) Informant Arthur Hungerford
(b) Address 809 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 41 (month, day, year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

MAY 24 1941 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 1.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1941, to May 22 1941, and that I last saw her alive on May 22 1941.

Immediate cause of death	Duration
Bronchopneumonia	3 d.
Due to	
Due to	
Other Conditions Infectious Arthritis (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Cunningham, M.D. M. D.
Address Church Home & Inf. Date signed 5/23/41

F 80924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 80924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3418 Garrison Blvd.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

15-10

3 (a) FULL NAME John Henry Church

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary M. A. Wyant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1859

8. AGE: Years	Months	Days	If less than one day
81	11	9	hr. min.

9. Birthplace Charles County, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George Church
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Wahl
15. Birthplace Md.

16 (a) Informant Mary C. E. Church
(b) Address 3418 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery Druid Ridge Cemy.
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director John O. Mitchell's Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.

19 MAY 24 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1941, to 5/21 1941, and that I last saw him alive on 5/21 1941.

Immediate cause of death	Duration
Mitral Insufficiency	?
Due to Broncho pneumonia	5/16/41
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. P. Rostkey M. D.
Address 326 N Lombard St Date signed 5/23/41

VS 8

80925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 80925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2912 Harford Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2912 Harford Rd.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johanna Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Henry.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1848

8. AGE: Years	Months	Days	If less than one day
92	7	21	hr. min.

9. Birthplace Germany.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name	Fridrich Koerner
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Duker
MOTHER — 15. Birthplace	Germany

16 (a) Informant Mrs. Otto Rost

(b) Address 2912 Harf. Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (day) (year)

(c) Cemetery or crematory Trinity

Location Edmondson Ave

18 (a) Funeral director Geo. Neumann & Son

(b) Address 32 S. Broadway

19 (a) MAY 24 1941 (Huntington Williams, M.D.) Registrar

(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1941, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31, 1940 to May 22 1941 and that I last saw her alive on May 21, 1941.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to	
Due to	
Arteriosclerosis	10 yrs.
Other Conditions Cerebral hemorrhage left hemiplegia (Include pregnancy within 3 months of death)	5 mos.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert E. Singewald M.D.

Address 1513 E. North Ave. Date signed 5-22-41

F 80926 ✓ F 80926

F 80926 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PENALTY WHEN FALSE, WITH INTENT TO DEFRAUD, OR UNLAWFUL USE.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Mt Royal Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Mt Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Fayssoux Leiper Winslow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th 1856

8. AGE: Years 84 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Chew Leiper

13. Birthplace Penna

MOTHER 14. Maiden Name Mary Lewis Fayssoux

15. Birthplace Penna

16 (a) Informant Dr Winslow

(b) Address 1900 Mt Royal Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1941 (month) (day) (year)

(c) Cemetery or crematory Friends

Location Harford Road Baltimore Md

18 (a) Funeral director H. Jenkins & Co

(b) Address Orchard & N. Collab St

19 (a) MAY 24 1941 (Date received by Registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23d 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1941 to May 23 1941, and that I last saw h alive on May 22 1941.

Immediate cause of death Myocardial infarction — Duration 1 hr

Due to — Duration

Due to Cerebral hemorrhage — Duration 3 days

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Brumbt M. D.

Address 3429 Chestnut St Date signed 5/23/41

VS 8

80927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-F

F 80927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2255 - 3rd Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Puerto Rico

3 (a) FULL NAME Carlos Ramirez

3 (b) If veteran, name war

3 (c) Social Security Account No. 124-10-8817

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Bravo Ramirez
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1912

8. AGE: Years	Months	Days	If less than one day
29	1	4	hr. min.

9. Birthplace Puerto Rico (Town, county, and state)
10. Usual Occupation Utilityman
11. Industry or business Merchant Seaman

FATHER
12. Name Julius Ramirez
13. Birthplace Puerto Rico

MOTHER
14. Maiden Name Anna Luisa Yrizarry
15. Birthplace Puerto Rico

16 (a) Informant Records - U. S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-41 (month) (day) (year)
(c) Cemetery or crematory Stonanya
Location Hamden

18 (a) Funeral director A. Raileigh Slade
(b) Address 4907 York Road.

19 MAY 24 1941 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 41, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 19 41, to May 23 19 41, and that I last saw him alive on May 23 19 41.

	Duration
Immediate cause of death Hemorrhage from right internal carotid artery	24 hrs.
necrosis of pharynx	6 mos.
Due to Carcinoma of hypopharynx	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel G. Paddrill M. D.
Address U.S. Marine Hospital Date signed 5-23-41
Baltimore, Md.

F 80928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 80928 Registered No.

PRINCIPAL WRITE FORCIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2384 Coen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2384 Coen (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Chaney
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Husband
6 (b) Name of husband or wife Wm Chaney
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 4, 1879
8. AGE: Years 61 | Months 9 | Days 18 | If less than one day hr. min.
9. Birthplace St Marys Co Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Wathy Bennett
13. Birthplace Anderson Md

MOTHER
14. Maiden Name Watson
15. Birthplace —

16 (a) Informant Wm Chaney
(b) Address 2384 Coen
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location
18 (a) Funeral director Ebay O. Wilson
(b) Address 1000 Blandy ave
19 (a) MAY 24 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 12 Noon M
21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941, to May 22 1941, and that I last saw him alive on May 22 1941.

	Duration
Immediate cause of death Hypertensive cardio-vascular disease	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. H. Watts M. D.
Address 515 Cathedral ave Date signed 5/23/41

VS 3

3925 792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6

Registered No. F 8092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S Fremont (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Dennis

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Christie

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): 4-8-41 (63)

8. AGE: Years: 48 | Months: 1 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: George Dennis
13. Birthplace: Md

MOTHER
14. Maiden Name: Frances ?
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cemetery
Location

18 (a) Funeral director: Elroy O Wilson
(b) Address: 1408 Bentley Ave

19 (a) MAY 24 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY-21- 1941, at 900 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR-8-1941, to MAY 21 1941, and that I last saw him alive on MAY 21 1941.

	Duration
Immediate cause of death: CARCINOMATOSIS	
Due to: CARCINOMA HEAD OF PANCREAS	7 MOS.
Due to:	
Other Conditions: PELVIC + BUD - DIAPHRAGMATIC METASTASIS	

(Include pregnancy within 3 months of death)

Date of operation: 4/23/41

Major findings of operation: CA. HEAD OF PANCREAS

Date of autopsy: PELVIC + SUBDIAPHRAGMATIC METASTASIS

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. F. Jonas M.D.

Address: Johns Hopkins Hospital Date signed 5/22

VS 8

F 80930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Beechland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Beechland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie L. Ellers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband Late Benjamin F. Ellers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business Own Home

FATHER
12. Name Everngon
13. Birthplace Md.

MOTHER
14. Maiden Name Calloway
15. Birthplace Md.

16 (a) Informant Benjamin F. Ellers Son
(b) Address 650 North Bond Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/41. (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Smith & Co.
(b) Address 4101 E Monument ave.

19 (a) MAY 24 1941 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to May 21 1941. That I last saw her alive on May 11 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 years
Due to Chronic Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J S Harding M. D.
Address 4616 Belair Rd. Date signed May 23/41

F 80931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. E 80931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR ~~BACHATIS~~ BATCHATIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-7585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Caroline Bachatis
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 6, 1883

8. AGE: Years	Months	Days	If less than one day
57	11	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Elevator operator
11. Industry or business Lanston Bldg.

FATHER
12. Name Batchatis
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Rehberger
15. Birthplace Germany

16 (a) Informant Mrs. Carrie Batchatis
(b) Address 1632 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director John Ulluch
(b) Address 2004 Orleans St.

19 (a) MAY 24 1941 (Date received by Registrar) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 2:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 5-23-41

80932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 80932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 James St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 James St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALICE J. BENDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Harry C Bender
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1867

8. AGE: Years	Months	Days	If less than one day
73	8	11 10	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name John Parezoy
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah J Blunt
15. Birthplace Baltimore Md

16 (a) Informant Mrs Harry Horsburger
(b) Address 2517 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Ave

18 (a) Funeral director John J. Cowan's Son
(b) Address 201 Fallsway St.

19 (a) 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Arteriosclerosis General
Due to
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 5-23-41

V8 6

80933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112 ✓

F 80933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 ASHLAND AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MAE LILLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOWED

6 (b) Name of husband or wife John Lilly (deceased) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1901

8. AGE: Years	Months	Days	If less than one day
39 40	8	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frank Lonkup
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Tesarek
15. Birthplace Czechoslovakia

16 (a) Informant Frank Lonkup
(b) Address 2212 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. SCHIMMEL
(b) Address 2601-03 E. MADISON. ST.

19 MAY 24 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1941, at 6 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1941, to 5-22 1941, and that I last saw her alive on 5-22 1941.

Immediate cause of death	Duration
Status Asthmaticus	24 hrs.
Due to Bronchial Asthma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Lapley M. D.
Address St. Joseph's Hospital Date signed 5/22/41
(J. B. LEARY)

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

80934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 80934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Barbara Streckfus (BARBARA STRECKFUS)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Streckfus
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar 19, 1865

8. AGE: Years: 76 | Months: 2 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Peter Stehr
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Hoppe
15. Birthplace: Germany

16 (a) Informant: Mr. Charles F. Streckfus
(b) Address: 802 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1941 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Baltimore Geo. J. Sander

18 (a) Funeral director: HENRY SANDER & SONS INC.
(b) Address: North Ave. & Broadway

19 MAY 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1941, at 11:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1941, to 5-21 1941, and that I last saw h[illegible] alive on 5-21 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: Arteriosclerotic Cardio-Vascular Disease & Hypertension
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Laurence S. Cannon, M.D.
Address: Md. General Hospital Date signed 5/21/41

VS 8

80935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6606 O'Donnell Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Doulong

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-07-3141A

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Frances Doulong

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1864

8. AGE: Years 76 | Months 8 | Days 8 9 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business: Restaurant

FATHER
12. Name: Conrad Doulong
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Lenz
15. Birthplace: Germany

16 (a) Informant: Mrs. Mary F. Doulong
(b) Address: 6606 O'Donnell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Baltimore Co.

18 (a) Funeral director: HENRY SANDER & SONS Inc
(b) Address: North Ave. & Broadway

19 MAY 24 1941 (Date received by Registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1941, at 7½ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17- 1941, to 5-23- 1941, and that I last saw h[illegible] alive on 5-23- 1941.

Immediate cause of death: Pelvic Peritonitis — Duration

Due to: Perforation of gut

Due to: Cancer of rectum

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Cancer of Rectum
Of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John C Baier M. D.
Address: St Josephs Hosp Date signed 5-23-41

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Any error or omission should be carefully supplied.

80936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G V E 80936 Registered No.

JN 65984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Ashton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leona Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Raymond

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 10-16-1887

8. AGE: Years	Months	Days	If less than one day
53	7	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Markins
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Fillisa Jeffers
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Parks
Location Baltimore Md.

18 (a) Funeral director John S. Miller Inc.
(b) Address 2436 East Oliver St.

19 MAY 24 1941 (Registrar's signature) (b) Huntingtown Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14- 1941 to 5-22- 1941 and that I last saw h[illegible] alive on 5-22- 1941

Immediate cause of death	Duration
Ca tail of pancreas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milligan Coleston M. D.
Address Balto City Hosp Date signed 5-23-41

VS 8

80937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 80937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 S. Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Grace Luber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1875

8. AGE: Years	Months	Days	If less than one day
66	2	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Robert A. Coulter
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie V Rae
15. Birthplace Baltimore

16 (a) Informant Daisy Coulter
(b) Address 6031 So Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-41 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Baltimore Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road

19 (a) MAY 24 1941 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 23 1941 at 7:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May. 7 1941 to May 23 1941, and that I last saw h[illegible] alive on May. 22 1941.

Immediate cause of death Broncho pneumonia. Influ. — Duration 23 days

Due to

Due to

Other Conditions Generalized arteriosclerosis. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy — Not autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lenard E. Blumenthal.
Address W. B. G. H. Date signed 5/28/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 E. 41st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 E. 41st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Rosalie Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife F. T. Spencer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr 9-1872

8. AGE: Years	Months	Days	If less than one day
69	1	14	3 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Fayette Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Leonora Keys
15. Birthplace Md.

16 (a) Informant Mrs. Jr. Maguire
(b) Address 603 E. 41st St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5-24-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave. bet

18 (a) Funeral director J. J. Nolan
(b) Address 3000 E. Baltimore St

19 MAY 24 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/ 1941 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941 to May 22 1941 and that I last saw h alive on May 22 1941

Immediate cause of death Arteriosclerotic cardiovascular renal disease — Duration 5 years
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. A. Alexander M. D.
Address 6217 Harford Rd Date signed 5-22-41

F 80939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 — a Registered No. F 80939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address University Hospital

(c) Hospital or institution: Greene & Redwood Sts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 545 S. Franklin town Rd. (If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore (If rural, give location)

(e) Citizen of foreign country? Md. (Yes or No)

If yes, name country

3 (a) FULL NAME Philip Lotz — Philip Lotz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret Lotz

6 (c) If alive, give age 0 Years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1851

8. AGE: Years	Months	Days	If less than one day
89	7	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Butcher

11. Industry or business

FATHER — 12. Name John Lotz

13. Birthplace Germany

MOTHER — 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Miss E. William Lotz

(b) Address 545 S. Franklintown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 26 41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Park

Location Baltimore City

18 (a) Funeral director F. B. Shippard & Son

(b) Address 1524 E. Fayette St.

19 (a) MAY 24 1941 (Date rec'd by registrar) (b) Huntington Hilliard, M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-41 19 , at 7 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-41 19 to 5-22-41 19 , and that I last saw him alive on 5-22-41 19 .

Immediate cause of death	Duration
Acute retention	
Benign prostatic hypertrophy	
Due to Post operative 9 hours.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-22-41

Major findings of operation: Distended bladder & enlarged prostate

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged edditionally.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles S. Rode M.D.

Address Lawrence & Hoop Date signed 5-24-41

F 80940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a ✓

Registered No. F 80940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caroline & Oliver Streets
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 E. 23d Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-6

3 (a) FULL NAME ~~Harland~~ Arthur Edward Holland

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	220-03-8918	Male	White	Married

6 (b) Name of husband or wife: Bessie Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	8	hr. min.

9. Birthplace: Ottawa, Kansas (Town, county, and state)
10. Usual Occupation: Steam Fitter
11. Industry or business

FATHER
12. Name: John Holland
13. Birthplace: Kansas

MOTHER
14. Maiden Name: Ellen Brown
15. Birthplace: Kansas

16 (a) Informant: Mrs. Bessie Holland
(b) Address: 731 E. 23d street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial
Location: Parkville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

MAY 24 1941
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1941, to 5-23 1941, and that I last saw h[illegible] alive on 5-23 1941.

Immediate cause of death	Duration
Carcinoma of the Larynx	
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed 5-23-41

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80941

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1213 Ashburton St 159 Registered No.

CITY OF BALTIMORE: (No. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Marshall If U. S. Veteran specify WAR

(a) Residence: No. 1213 Ashburton St St., Ward. (Birth F 78298)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 24 1941

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Emory W. Marshall

14. BIRTHPLACE (city or town) Easton (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes Krieger

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Emory W. Marshall

(Address) 1213 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 24, 41

19. UNDERTAKER L. Howard Strong

(Address) 715 Light St

20. FILED MAY 24 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/24/41, 19 to 5/24/41, 19

I last saw h[illegible] alive on 5/24/41, 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity about 4 months — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Byrnes, M. D.

(Address) 304 S. W. Mortuary

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 80942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 80942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John St.
(c) Hospital or institution:
Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Elsinor Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1548

3 (a) FULL NAME Baby boy Marshall (Birth F 28300)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife Newborn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
0	0	0	hr. 2 min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Francis Marshall
13. Birthplace Chicago, Illinois

MOTHER
14. Maiden Name Navis
15. Birthplace Chicago Illinois

16 (a) Informant Mother
(b) Address 2703 Elsinor Ave, Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 24 1941
Commissioner of Health

18 (a) Funeral director
(b) Address
For H. A. Meyers

19 (a) MAY 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

6500

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 11:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23/19 41 to 5/23/19 41, and that I last saw h/m alive on 5/23 19 41.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to Breech presentation	
Due to Breech extraction	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Savage M. D.
Address 1 Red Roth Bldg. Date signed 5-23-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

80943

CERTIFICATE OF DEATH

159 F 80943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St., 14-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Estep

If U. S. Veteran specify WAR

(a) Residence: No. 1325 W. Fayette St., Ward. (Birth F 28301)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1941

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME David Estep

14. BIRTHPLACE (city or town) Clarksburg (State or country) W. Va.

MOTHER

15. MAIDEN NAME Rita Deets

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Rita Estep

(Address) 1325 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] MAY 24 1941 19

Commissioner of Health

19. UNDERTAKER [illegible]

(Address)

20. FILED MAY 24 1941 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1941, to May 24, 1941

I last saw h... alive on May 24, 1941. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
birth Wt 2 pounds	
Respiratory failure	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard Estep M. D.

(Address) Volunteers Hospital

6499

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

80944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 Registered No. F 80944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 Penna
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-1
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Penna (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William Young
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1887

8. AGE: Years 59 | Months 11 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Salem, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Platter
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace unknown

16 (a) Informant Wm Young
(b) Address 931 Penna Ave

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 5-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore

18 (a) Funeral director Walter B. Spriggs
(b) Address 1390 W Hamburg St

19 MAY 24 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 20 1941, and that I last saw her alive on May 20 1941.

Immediate cause of death — Lobar Pneumonia — Duration 10 days

Due to ____

Due to ____

Other Conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Lot Howell M. D.
Address 606 W. Baltimore Date signed 5-23-41

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22a Registered No. E 80945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Provident Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Houston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1922

8. AGE: Years	Months	Days	If less than one day
19	4	5	hr. min.

9. Birthplace Jackson, N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Herbert Houston
13. Birthplace Jackson, N. C.

MOTHER 14. Maiden Name Nancy Muriel
15. Birthplace Jackson, N. C.

16 (a) Informant Bessie Houston
(b) Address 910 W. Fayette St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Huntington Williams, M.D.

MAY 24 1941
(Date Rec'd by Local Reg.)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1941, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1941, to 5-22 1941, and that I last saw him alive on 5-22 1941.

Immediate cause of death	Duration
Acute Miliary Tuberculosis	4 weeks
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Miliary Tuberculosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Musacchia M. D.
Address Provident Hospital Date signed 5-22-41

80946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 164 D

E 80946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 E. Monument St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Lincoln
(c) City or town Hamlin
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME William EDISON HAGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 235-01-2310

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hadya Hager

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1908

8. AGE: Years 33 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Bulger W Va
(Town, county, and state)

10. Usual Occupation Driller

11. Industry or business Gas Well.

FATHER
12. Name Andrew Hager
13. Birthplace Ohio

MOTHER
14. Maiden Name Rosie Hill
15. Birthplace Alkol W Va

16 (a) Informant Nannie Linville
(b) Address Alkol W Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24 41 (month) (day) (year)

(c) Cemetery or crematory Hamlin
Location West Virginia

18 (a) Funeral director Lee G Cobb

(b) Address 1203 ½ Patterson Ave

19 MAY 24 1941 Huntington W Va
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941 at 5 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ? (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Suicide - laceration of right elbow	
Due to: mental derangement	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 23, 1941
(c) Where did injury occur? 1935 E. Monument St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury straight edge razor

23. Signature H. L. Wallenstein M.D.
Asst Medical Examiner.
Date signed 5-24-41

VS 6

F 80947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 80947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Camden (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Collings Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Alex Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No. 157-03-6039

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Alma M. Gordon
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1875

8. AGE: Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace Greenhill, Virginia (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business WPA

FATHER
12. Name Mitchell Gordon
13. Birthplace Staunton, Virginia

MOTHER
14. Maiden Name Helen Hultz
15. Birthplace Staunton, Va.

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24 1941 (month) (day) (year)
(c) Cemetery or crematory Chelton Hill Abbey
Location

18 (a) Funeral director Geo. L Beyer Jr
(b) Address 1612 Hollins St

19 (a) MAY 25 1941 (Date rec'd by local reg.) (b) Huntingtown, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1940, to May 23 1941, and that I last saw him alive on May 23 1941.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to coronary arteriosclerosis	unkn.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5/23/41
Major findings of operation: Pyuria and occasional hematuria, slight.
of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L S Kinner M. D.
Address U.S.Marine Hospital Date signed 5/24/41

F 80948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 80948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RAE COHEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-1335

4. Sex F | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, 31, 1897

8. AGE: Years 1 43 | Months 8 | Days 23 | If less than one day 2 hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business Saleswomen

FATHER
12. Name Solomon Cohen
13. Birthplace England

MOTHER
14. Maiden Name Golda Wolf
15. Birthplace England

16 (a) Informant Mrs Daniel Lang
(b) Address 2211 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North ve

MAY 25 1941 (Date rec'd by registrar) (b) Livingston Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 6:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1941, to May 23 1941, and that I last saw him alive on May 23 1941.

Immediate cause of death Peritonitis — **Duration**

Due to Operation for removal of malignancy of large bowel

Due to Cancer of pelvic colon with infiltration of spinal column

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 8th, 1941

Major findings of operation Cancer of large bowel with infiltration of spinal column

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert A. Kurland M. D.

Address Sinai Hospital Date signed 5/23/41

F 80949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E Registered No. F 80949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3807 Beehler Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME — Morris Drezon — Drezon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife — Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace — Russia (Town, county, and state)

10. Usual Occupation

11. Industry or Business — Milk Business Own

FATHER
12. Name — Isaac Drezon
13. Birthplace — Russia

MOTHER
14. Maiden Name — Gertrude ?
15. Birthplace — Russia

16 (a) Informant — Samuel Drezon
(b) Address — 3807 Beehler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — May25, 1941 (month) (day) (year)
(c) Cemetery or crematory — Hebrew Herring Run
Location — Bowleys Lane

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124 1126 W. North Ave

MAY 25 1941 (Date received by Registrar) (b) Registrar — Huntingtown, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH — 5/23/41 19 , at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23-41 19 to 5-23 19 , and that I last saw him alive on 5/23/41 19 .

Immediate cause of death — Ca of Sigmoid Colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature — Theodore Cohen M. D.
Address — Sinai Hospital Date signed 5/22/41

F 80950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80950 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 E. Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 E. Balto St (If rural give location)
(e) Citizen of foreign country? No (Name) If yes, name country

3 (a) FULL NAME Mrs Mary Roseman

3 (b) If veteran, name war L | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Aaron L
6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 57 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Mayer Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Milton Roseman
(b) Address 2414 E. Balto st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-41 (month) (day) (year)
(c) Cemetery Mikro Kodiash
Location Herring Run

18 (a) Funeral director Jas Lewis Jr
(b) Address 1439 E. Balto st

MAY 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1935 to May 23, 1941, and that I last saw h alive on May 23, 1941.

Immediate cause of death Arteriosclerotic C V D — Duration 2

Due to

Due to

Other Conditions Coronary Occlusion — 2 hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Thompson M. D.
Address 2340 Eutaw Pl Date signed May 24, 1941

#12 F 80951 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/0

F 80951 1 Registered No.

Typing MUST BE EQUAL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John
(c) Hospital or institution Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.) 53 years

3 (a) FULL NAME Annie Fredman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9 | 17 | 1886

8. AGE: Years	Months	Days	If less than one day
54 55	8	5	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Music teacher
11. Industry or business

FATHER
12. Name Robert Fredman
13. Birthplace Russia

MOTHER
14. Maiden Name Biffie Kohen
15. Birthplace Russia

16 (a) Informant Jacob Fredman
(b) Address 2408 Linden ave

17 (a) Burial (b) Date thereof 5-25-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bath Beth Jacob
Location Belair Rd

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E Balt St

19 (a) MAY 26 1941 (b) Huntington Hill Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1941, at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1941, to 5/22 1941, and that I last saw her alive on 5/22 1941.

Immediate cause of death Generalized Carcinomatosis — Duration
Due to Carcinoma of breast
Due to: Metastases to liver, groin, skin
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly M. D.
Address Norrais Hospital Date signed 5/22/41

F 80952 Christine Lloyd V F 80952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 Morgan St
(c) Hospital or institution: Mt Wilson. Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Morgan St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Christine Lloyd

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife: ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7. 1928

8. AGE: Years 12 | Months 8 | Days 715 | If less than one day — hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clayton Lloyd.
13. Birthplace Maryland

MOTHER
14. Maiden Name Margret Blake
15. Birthplace Maryland

16 (a) Informant Mrs Clinton Lloyd
(b) Address 2521 Morgan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26. 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City Maryland

18 (a) Funeral director Joseph A Linky
(b) Address 419 N. Mount Street.

19 MAY 25 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941. 4:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941. to May 22 1941. and that I last saw h alive on May 21 1941.

Immediate cause of death Acute tuberculosis

Due to ✓

Due to ✓

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Cayce M. D.
Address 1016 S Sharp St Date signed

VS 3

Please PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 80953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Hollem Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Hollen Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Smith

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Grace S. Smith

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1892

8. AGE: Years 48 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business Self

FATHER
12. Name Wm. P. Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie Engler
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Grace S. Smith
(b) Address 606 Hollen Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) MAY 25 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4-1941 to 5-24-1941 and that I last saw h/m alive on 5-24-1941.

Immediate cause of death: CORONARY Thrombosis — Duration: 4 mos.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Fiorella M.D.
Address 5217 York Rd. Date signed 5/24/41

VS 3

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 80954

Registered No.

Every item of information should be carefully supplied, with CARBON INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033-E. Lanvale Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033-E. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME August Charles Kraemer

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret (Eagers)
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 6/6/1861

8. AGE: Years	Months	Days	If less than one day
79	11	16	--hr.------mn.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business

FATHER
12. Name Carl Kraemer
13. Birthplace Germany

MOTHER
14. Maiden Name Lena (Leitz)
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Kraemer
(b) Address 2033-E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) ---- (b) Huntington, West Va. Registrar
(Date rec'd by registrar)
MAY 28 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941, to May 22 1941, and that I last saw him alive on May 6 1941.

	Duration
Immediate cause of death: Uremia	6 hrs
Due to: Carcinoma of Prostate	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Benson M. D.
Address 1 W. Oreland Ave. Date signed 5/24/41

F 80955

F 80955 ' × F 80955 '

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George W. Clogett

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna R. Clogett
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 7 - 1877

8. AGE: Years	Months	Days	If less than one day
63	7	16	— hr. — min.

9. Birthplace Randallstown, Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Adam Clogett
13. Birthplace Germany

MOTHER
14. Maiden Name Mary —
15. Birthplace Germany

16 (a) Informant Mrs Anna R. Clogett, Wife
(b) Address Randallstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Net Church
Location Randallstown Md

18 (a) Funeral director George J. Beck Inc
(b) Address 131 Hanover and Pratt

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 28 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23- 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Paraplegia	
Due to Dislocation of the 7th &	
Due to Cervical vertebrae	
Other Conditions Contusions, Lacerations.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-21- 41
(c) Where did injury occur? Randallstown, Balto. Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? Yes
(e) Means of injury Fell from tractor, run-away

23. Signature Howard J. Moeller M.D. Medical Examiner.
Date signed 5/24/41

F 80956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 80956

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 926 E. Preston St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 926 E. Preston St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane Eliza Cassidy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife Charles B. Cassidy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1863

8. AGE: Years	Months	Days	If less than one day
78	1	21	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph Martin

13. Birthplace Penn.

MOTHER 14. Maiden Name Cecilia Bodoin

15. Birthplace Penn.

16 (a) Informant Miss M. Wassum

(b) Address 926 E. Preston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) MAY 25 1941 (Date received by Registrar) (b) Registrar

Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12-1939 to 5-23-1941, and that I last saw her alive on 5-20-1941.

Immediate cause of death	Duration
Cardio-Vascular-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. B. Sybert M. D.

Address 2802 Harford Ave Date signed 5-24-41

F 80957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 80957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-7-29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Hollins Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Byrne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER 12. Name Thomas Byrne
13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret Manning
15. Birthplace Ireland

16 (a) Informant Mr. J. Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 MAY 25 1941 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to May 23 1941, and that I last saw him alive on May 23 1941.

Immediate cause of death Cardiac Failure — Duration 3 weeks

Due to Myocarditis & Generalized arteriosclerosis

Due to

Other Conditions Chronic microcytic hypochromic Anemia of [illegible] Post Traumatic

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D'Alagia M. D.
Address 3326 Fait Ave Date signed

F 80958 ¹

SS No Case No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 80958 ¹ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Comet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-1864 ?

8. AGE: Years	Months	Days	If less than one day
76 ?	7 ?	26 ?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Unknown

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mandy or Mary Shores
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem. Location Balto Md

18 (a) Funeral director Bryson Mamie H. Wright
(b) Address 1218 N. Eldersley St

19 MAY 25 1941 (b) [illegible] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1941, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1930 to 5-22- 1941, and that I last saw h[illegible] alive on 5-22- 1941.

	Duration
Immediate cause of death: Bronchopn	1 week
Due to: Gen. A. S.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Bronchopn

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-23-41

F 80959

MA35249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V107

F 80959

Registered No.

Please write plainly. With typewriter preferred. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 10 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Holland

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No.: Unknown

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1891 ?

8. AGE: Years 50 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name William Holland (d)

13. Birthplace Snow Hill, Maryland

MOTHER

14. Maiden Name Martha Preston (d)

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location A. Q. Co Md

18 (a) Funeral director Bafont Hamilton & Knight

(b) Address 1218 W. Eldersly St

19 (a) MAY 25 1941 (Date rec'd by registrar) (b) Huntington Woods Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-1941, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16-1938 to 5-23-1941, and that I last saw him alive on 5-23-1941.

Immediate cause of death: Bronchopneumonia — Duration: ?

Due to: Gen. A-S. — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Bronchopn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 5-24-41

VS 3

F 80960 ,

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 80960 , Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5525 Mattfeldt Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5525 Mattfeldt Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs. Maud D. Dey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Bernard F. Dey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1876

8. AGE: Years 64 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace New Market, Balto. Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Levin Pearce
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia Lehigh
15. Birthplace Maryland

16 (a) Informant Mrs. Hattie Tolling
(b) Address 5525 Mattfeldt Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) May 25 1941 (Date received by Registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 6 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1938 to May 23 1941, and that I last saw h.e.r. alive on May 22 1941.

	Duration
Immediate cause of death Hypostemagus Cardiovascular Renal Disease	?
Due to	
Due to	
Other Conditions Carcinoma breast with metastasis - generized (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence J. Shumaker M. D.
Address 3711 Dellcrest Date signed 5-27-41

F 80961

Jean Chuard

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

F 80961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5503 Fernpark Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jean C Chuard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harriet E Chuard

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 14 1876

8. AGE: Years 64 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Arenches Switzerland (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Louis Frederick Chuard
13. Birthplace Switzerland

MOTHER
14. Maiden Name Louise Jaccard
15. Birthplace Switzerland

16 (a) Informant Harriet E Chuard
(b) Address 5503 Fernpark Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Rd.

18 (a) Funeral director Harry A. Annacott
(b) Address 4204 Reisterstown Ave

MAY 25 1941 (Date Rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1941, at 12 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1941, to May 25 1941, and that I last saw h[illegible] alive on May 25 1941.

Immediate cause of death: Myocardial failure — Duration

Due to: Intoxication Acute

Due to: Concurrent Recent

Other Conditions: Benign Prostatic Hypertrophy, Hypertensive Cardio-Vascular Renal (Include pregnancy within 3 months of death)

Major findings: Of operations: Hypertrophied Prostate

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew F. Dolek, M.D.
Address Mercy Hospital Date signed May 26 41

VS 2

MAY 25 1941 Registrar

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jacob Banner

F 80962

F 80962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 510 Belleville Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 510 Belleville Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Banner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Wh.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Claudia M. Banner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 30 1861

8. AGE: Years 80 Months — Days 24 If less than one day hr. min.

9. Birthplace York Pa.

(Town, county, and state)

10. Usual Occupation Cl. Cigar Maker

11. Industry or business Mfg. Cigars

FATHER

12. Name Henry Banner

13. Birthplace Germany

MOTHER

14. Maiden Name Anna Maria Baublitz

15. Birthplace Germany.

16 (a) Informant Joseph H. Banner

(b) Address 510 Belleville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Mamie C. Tyler

(b) Address 1600 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Willis Registrar

MAY 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 5 3/4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1941, to May 24 1941, and that I last saw him alive on May 24 1941.

Immediate cause of death	Duration
Hemorrhage of brain	hrs.
Right Hemiplegia	
Due to Arteriosclerosis	
Due to Uremia	days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edwards M.D.

Address 605 N. Broadway M. D. Date signed May 24 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Government St. + Patterson Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5921 Greenhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Kronenberg
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm. E. F. Kronenberg
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 8 — 1895
8. AGE: Years 46. Months 3. Days 17. If less than one day hr. min.
9. Birthplace Atlantic City New Jersey (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Wm. S. McFarland
13. Birthplace Glasgow-Scotland

MOTHER
14. Maiden Name Anna Koenig
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary A Schultz
(b) Address 1142 Northcote Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore Md
18 (a) Funeral director Mamie E. Syfer
(b) Address 1600 W. North Ave
19 (a) MAY 25 1941 Registrar's signature Humphrey Johnston Registrar, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1941, at 7:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1941, to 5/25 1941, and that I last saw her alive on 5/24 1941.

Immediate cause of death: Coronary occlusion — Duration 8d.
Due to: A-S
Due to: Hypertensive CV Dis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Coronary occl. cardiac enlarg.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard Holsen
Address Sinai Hospital Date signed M. D. 5/25/41

F 80964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80964

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Balto Md.

(c) Hospital or institution: Bon Secours Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County:

(c) City or town: Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1828 E Pratt St (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country:

3 (a) FULL NAME: Mr. Kazimer Sokal

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 213-07-9980

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Antonia

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar 9 1892

8. AGE: Years: 49 Months: 2 Days: 15 If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and State)

10. Usual Occupation: Steel Worker

11. Industry or business:

FATHER

12. Name: Kazimer Sokal

13. Birthplace: Poland

MOTHER

14. Maiden Name:

15. Birthplace:

16 (a) Informant: Edward Sokal

(b) Address: 3204 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/27/41 (month) (day) (year)

(c) Cemetery or crematory: Sacred Heart of Mary

Location: Gunpowder Rd. Balto Co

18 (a) Funeral director: James Grundy

(b) Address: 1407 Edmondson Ave

MAY 25 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24th 1941, at 4:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1941, to May 24 1941, and that I last saw him alive on May 24 1941.

Immediate cause of death: Congestive Heart Failure — Duration: 3 months

Due to: Arteriosclerotic Heart Disease — 1 year

Due to:

Other Conditions: Hydrothorax

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: William A. Fueting

Address: Bon Secours Hosp. Date signed: M. 5 D. 24 Y. 41

VS 3

80965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80965

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St + Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3117 S. Pulaski St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Ethel Himelfarb

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harris L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Wife

FATHER

12. Name: David Linsk

13. Birthplace: Russia

MOTHER

14. Maiden Name: Mariam Corsover

15. Birthplace: Russia

16 (a) Informant: Moe Himelfarb

(b) Address: 117 S. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)

(c) Cemetery or crematory: Windsor Mill Road

Location: Windsor Mill Road

18 (a) Funeral director: Sol Levinson & Bros

(b) Address: 1126 1126 W. North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1941, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1941, to 5/25 1941, and that I last saw her alive on 5/25 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: A-S

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Taney Ohlen M.D.

Address: Liberty Road Date signed 5/25/41

F 80966

BALTIMORE CITY HEALTH DEPARTMENT
Human
CERTIFICATE OF DEATH 51-B

F 80966
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Human

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6109

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	M

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	8	hr. min.

9. Birthplace Cambridge Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business W.P.A.

FATHER
12. Name Tom Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Human
15. Birthplace Md

16 (a) Informant Florence Human
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-28-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County

18 (a) Funeral director Adolphus Hartman
(b) Address 918 Druid Hill Ave

19 (a) MAY 28 1941 (b) Registrar
Date received by local registrar
Acceptance for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25-41 19 , at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7-41 19 , to 5-25-41 19 , and that I last saw him alive on 5-25-41 19 .

Immediate cause of death	Duration
Ascending urinary infection + / or post operative circumcision.	
Due to Ca of Prostate.	
Due to	
Other Conditions	

*(Include pregnancy within 3 months of death)
Date of operation 5-25-41
Major findings of operations: Circumcision & Insertion of Foley catheter
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Curtis L. Rose M. D.
Address University Hosp. Date signed 5-25-41

F 80967

F 80967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 Lawrence St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Oliver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Ernest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1893

8. AGE: Years	Months	Days	If less than one day
48	3	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation DOMESTIC

11. Industry or business

FATHER
12. Name James Washington
13. Birthplace Va

MOTHER
14. Maiden Name Susie
15. Birthplace Va

16 (a) Informant Ruth McNeil
(b) Address 1837 Lawrence St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-26-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1837 Lawrence ave.

19 (a) (Year) (b) Registrar

Filed MAY 26 1941
Huntington Mitchell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1941, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941, to 5-23 1941, and that I last saw h[illegible] alive on 5-23 1941.

Immediate cause of death	Duration
Pulmonary Tuberculosis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H P Mussenden M. D.
Address President Hospital Date signed 5-23-41

F 80968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓93 F 80968

1. PLACE OF DEATH 300 N. Hilton St. 20-7 Ward) Registered No.

CITY OF BALTIMORE: (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Dunphy If U. S. Veteran specify WAR

(a) Residence: No. 300 N. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas.

6. DATE OF BIRTH (month, day, year) Feb 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
76	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Jacob Alter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sara Ann.

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Harry A. Dunphy

(Address) 2306 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date May 27- 1941

19. UNDERTAKER Wm. H. Valentine

(Address) 2326 Eilum St.

MAY 26 1941, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1940 to May 23, 1941

I last saw h alive on May 23, 1941. Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio Vascular Disease	
Cerebral arterio sclerosis	
Other contributory causes of importance:	
Senility	
Malnutrition	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinic. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry M. Robinson Jr. M. D.

(Address) 244 N. Hilton St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 80969

Farr

F 80969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: University Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy.

(e) Length of stay in Baltimore (yrs., mos., or days) 1 dy.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Kent.

(c) City or town Chestertown

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy Farr. (Birth F 28933)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5/22/41

8. AGE: Years | Months | Days: 1 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore Maryland

(Town, county, and state)

10. Usual Occupation: New born

11. Industry or business

FATHER 12. Name: Robert Willis Farr.

13. Birthplace: West Virginia.

MOTHER 14. Maiden Name: Elsie Shriffett.

15. Birthplace: Baltimore Md.

16 (a) Informant: Robert Farr

(b) Address: Chestertown Md.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore Md.

18 (a) Funeral director: Jno. H. Schilling

(b) Address: 3624 Eastern Ave.

MAY 26 1941

(a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-41 19 ..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-41 19 ..., to 5-23-41 19 ..., and that I last saw h alive on 5-23-41 19 ...

Immediate cause of death: Intracranial hemorrhage — Duration: 1 dy.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Robert H. Farr

Address: University Hospital Date signed 5-27-

F 80970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 80970

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 159

CITY OF BALTIMORE: (No.) West Baltimore General Hosp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Kappler — If U. S. Veteran specify WAR

(a) Residence: No. 541 N. Luzerne Ave., Ward. Birth F 29002

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1941

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Kappler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bertha Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father (Address) 541 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 26 1941

19. UNDERTAKER Frank V. Pikitow (Address) 2118 E Balto St

20. FILED ... 19... Registrar.

MAY 26 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 23 1941 to May 24 1941

I last saw him alive on May 24 1941 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 30 wks. pregnancy	5-23-41
Atelectasis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. Wallenstein M. D.

(Address) Surgeon

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. A. Guffey

F 80971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 80971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 E. Read St.
(c) Hospital or institution: ~~JOHNS HOPKINS HOSPITAL~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 E. Read St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Arthur Guffey

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
Male	White	Married

6 (b) Name of ~~husband~~ wife Elizabeth Lee Guffey
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 22nd 1874

8. AGE: Years	Months	Days	If less than one day
67	0	1	hr. min.

9. Birthplace St. Petersburg Pa (Town, county, and state)
10. Usual Occupation Invalid
11. Industry or business —

FATHER
12. Name Smith Cook
13. Birthplace Steuben Co. N.Y.

MOTHER
14. Maiden Name Nancy Over
15. Birthplace Clarion Co. Pa

16 (a) Informant Elizabeth Lee Guffey
(b) Address ~~5 East Read St~~

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory St Johns Church
Location Worthington Valley Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Date rec'd by registrar) MAY 26 1941 Huntington Willia... M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1936 to May 23 1941, and that I last saw him alive on May 23 1941.

Immediate cause of death Acute Cardiac Infarction. — Duration 2 hrs

Due to Coronary occlusion.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Charles F. Mohr
Address 614 Med. Arts Bldg Date signed 5/24/41

VS 8

F 80972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 80972 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Lawrence Goralski

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife: Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1878

8. AGE: Years	Months	Days	If less than one day
62	7	3	hr. min.

9. Birthplace Baltimore. (Town, county, and state) Retired
10. Usual Occupation Sheet Metal Worker
11. Industry or business Universal " " Works

FATHER
12. Name William Goralski
13. Birthplace Russia

MOTHER
14. Maiden Name ? Unknown
15. Birthplace Poland

16 (a) Informant Bertha Goralski
(b) Address 2419 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/41 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location A. A. Co.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAY 26 1941 (Date received by Registrar) (b) Clinton Williams U.S.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to May 25 1941.
and that I last saw him alive on May 25 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Carcinomatosis due to Carcinoma, stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul H. Covell M. D.
Address Mercy Hospital Date signed 5/25/41

F 80973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 80973
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Tombarde & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3od
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (ETHEL) Ethel Stella Chambers Buth F

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 28th 1940

8. AGE: Years | Months: 8 | Days: 26 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state) (over)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Chambers
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Stella Tomaszewska
15. Birthplace Phila. Pa.

16 (a) Informant George Chambers
(b) Address 2137 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 9.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1941, to 5-29 1941, and that I last saw h C.R. alive on 5-29 1941.

Immediate cause of death: Respiratory failure — Duration: 10 days
Due to: Diffuse bilateral bronchopneumonia
Due to:
Other Conditions Bilat. otitis media.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O'Dane, Jr. M. D.
Address Univ. Hosp. Date signed 5-25-41

80974

F 80974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette, John St.
(c) Hospital or institution: Womans Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Holland Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Alverna Cave (CAVE)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 10615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lynn M. Cave

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1896

8. AGE: Years	Months	Days	If less than one day
45	2	20	hr. min.

9. Birthplace Hagerstown Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Clarence Walter Moore
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden Name Carrie May Crager
15. Birthplace Frederick Co. Md.

16 (a) Informant Lynn M. Cave
(b) Address 600 Holland Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1941, at 5:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1941, to 5-24 1941, and that I last saw her alive on 5-7 1941.

Immediate cause of death	Duration
Anemia	
Due to Lymphatic Leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howell Y. Stout M. D.
Address Hospital for Women Date signed 5

F 80975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E Registered No. F 80975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Baltimore Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 1414 Eutaw Place (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME William - B. Bybell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1868

8. AGE: Years 72 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace France (town, county, and state)

10. Usual Occupation Steel Engineer

11. Industry or business Retired Eastern R. Mill

FATHER
12. Name Frederick Bybell
13. Birthplace France

MOTHER
14. Maiden Name unknown
15. Birthplace France

16 (a) Informant Frederick Wm Bybell
(b) Address 2741 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-41 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell Street

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1941, to May 24 1941, and that I last saw him alive on May 23 1941.

Immediate cause of death Endocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Perlmuter, M. D.
Address 2324 Reisterstown Rd Date signed 5/25/41

F 80976 BALTIMORE CITY HEALTH DEPARTMENT F 80976

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Payne Aves
(c) Hospital or institution West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Althea L. Little

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife W. Elmer Little

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1887

8. AGE: Years 53 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Samuel Murphy
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Jones
15. Birthplace Md.

16 (a) Informant W. Elmer Little
(b) Address 3726 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave

MAY 26 1941 (Date filed by Registrar) (b) Inman or Hanania, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1941, to May 24 1941, and that I last saw her alive on May 24 1941.

Immediate cause of death Carcinoma of breast — Duration 2 yrs

Due to

Due to

Other Conditions Bronchopneumonia — Duration 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Blumenthal M.D.
Address W. B. G. H. Date signed 5/24/41

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80977 ,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 80977 ,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-0694

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susie Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 85

8. AGE: Years 56 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name John Smith

13. Birthplace Md.

MOTHER 14. Maiden Name Isabella Dorsey

15. Birthplace Md

16 (a) Informant Mrs. Susie Smith

(b) Address 642 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-41 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Balto. Co. Md

18 (a) Funeral director Mrs. Laura A. Bigley

(b) Address 1711 Bridle

MAY 26 1941 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941 to May 23 1941 and that I last saw h[illegible] alive on May 21 1941.

Immediate cause of death Duration

Acute Lobar Pneumonia 8 dys.

Due to

Due to

Other Conditions Bronchio-Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address 4603 Park Ave Date signed 5/31/41

[signature], M.D.

VS 3

F 80978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 80978 Registered No.

PLEASE WRITE PLAINLY—WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Druid Hill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1873

8. AGE: Years 67 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Butler - Waiter

11. Industry or business

FATHER 12. Name Joseph C. Butler
13. Birthplace Md.

MOTHER 14. Maiden Name Henrietta Simmons
15. Birthplace Md.

16 (a) Informant Mrs Annie Traynham
(b) Address 2345 Druid Hill Ave.

17 (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington Memorial Park
Location Balto. Co. Md.

18 (a) Funeral director Mary Frances A. Hemsley

(b) Address 578 W. Bradford pl.

19 MAY 26 1941 Huntington Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1941, to May 22 1941, and that I last saw him alive on May 22 1941.

Immediate cause of death Myocarditis — Duration 14 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2345 Druid Hill Ave Date signed May 26 1941

VS 3

80979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 80979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Leadenhall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Leadenhall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Conyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Conyers

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Apr 1902

8. AGE: Years 39 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Manning S. C. (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER 12. Name John Johnson
13. Birthplace Manning S. C.

MOTHER 14. Maiden Name Lucy Driggle
15. Birthplace Manning S. C.

16 (a) Informant Charles Conyers
(b) Address 1105 Leadenhall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) 5-26-1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1941, at 8:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1941, to 5/22 1941, and that I last saw her alive on 5/22 1941.

Immediate cause of death Acute Bronchio Pneumonia — Duration 9 days

Due to "Swelling of Lungs"

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trauberman, M. D.
Address 1100 Lee Date signed 5/23/41

VS 2

F 80980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-D

F 80980

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Irvington (If outside city or town limits, write RURAL and give town)
(d) Street No. 164 S. Collins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Seybold

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-05-0974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/17/1878

8. AGE: Years	Months	Days	If less than one day
62	6	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cable Splicer
11. Industry or business C & P Tel Co

FATHER
12. Name Jacob Seybold
13. Birthplace Md

MOTHER
14. Maiden Name Laura Hardisty
15. Birthplace Md

16 (a) Informant Mrs James Seybold
(b) Address 164 S Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balt Md

18 (a) Funeral director Geo A Tinley
(b) Address Fulton Ave & Pennsylvania Ave

19 (a) MAY 26 1941 (Date rec'd by registrar) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 10:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13- 1941, to 5-24- 1941, and that I last saw h/m alive on 5-24- 1941.

Immediate cause of death Carcinoma of the lung & generalized metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Muse M. D.
Address St. Agnes Hosp. Date signed 5/24/41

VS 1

F 80981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 80981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne M. Hall

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife John B. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7/58

8. AGE: Years	Months	Days	If less than one day
82	9	16	hr. min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Wm. Lavely
13. Birthplace Pa.

MOTHER
14. Maiden Name Harriet Keenely
15. Birthplace Pa.

16 (a) Informant Miss. Mary K. Hinkley
(b) Address 808 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemy.
Location Windsor Mill Rd. Balto. Co. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) 1900 Eutaw Place Huntington [illegible]

19 (a) MAY 26 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1941 at 1.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 5-23 1941 and that I last saw her alive on 5-23 1941

Immediate cause of death	Duration
(a) Cerebral Arteriosclerosis	5+ years
(b) Cerebral Hemorrahage	72 Hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E. Dorsey M. D.
Address 1129 St. Paul St. Date signed 5-25-41

VS 3

E. E. Dorsey

F 80982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

F 80982

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Washington Blvd,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas L. Rudkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rebecca Edmonds Rudkin | 6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 96.

8. AGE: Years 44 | Months 5 | Days 26 | If less than one day: hr. min.

9. Birthplace Howard Co Maryland
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business D.C. Training School

FATHER
12. Name Robert Rudkin
13. Birthplace England

MOTHER
14. Maiden Name Margaret Lowrey
15. Birthplace Maryland

16 (a) Informant MRS Rebecca Rudkin
(b) Address Jessups Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey Howard Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

MAY 26 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1941 to May 23 1941, and that I last saw him alive on May 23 1941.

	Duration
Immediate cause of death: Carcinoma a	
Gastric Epithelioma Carcinomatosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Gastric Epithelioma Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 5/23/41

J. P. 66081
F 80983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 80983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Wilmor Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Amzie Hall (66081)

S. S. 216-10-7622

3 (b) If veteran, name war

3 (c) Social Security Account No. yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1886?

8. AGE: Years	Months	Days	If less than one day
55		6	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Hall
13. Birthplace N.C.

MOTHER
14. Maiden Name Amanda Gaither
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location MAY 26 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Hollins M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1941, at 2:35PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1941 to May 17 1941, and that I last saw him alive on May 17 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Hollister
Address 1138 Wilmor Court Date signed 5-17-41

1830

F 80984
SS 64755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-B F 80984
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Barrett

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No.: Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-? 1877

8. AGE: Years 64 or 65? Months ?3 Days ?18 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Peddler
11. Industry or business Pencils

FATHER
12. Name Nebb
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha Wicker
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 26 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. L. Moore

19 (a) MAY 26 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar
1650

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1941 at 2.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1941, to 5-19 1941, and that I last saw h im alive on 5-18 1941.

Immediate cause of death: Intestinal obstruction due to post-operative adhesions — Duration: 8 mo.
Due to: Arteriosclerotic heart disease — Duration: ?
Due to: Cardiac failure — Duration: 48 hrs.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Int. obst. due to p. o. adhesions
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 5-24-41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 80985

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1360 Andre Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1360 Andre Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME August Roesler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of wife Anna Roesler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867, ?

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business Stevedore

FATHER
12. Name Frederick Roesler
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Helena Michalski (Daughter)
(b) Address 1360 Andre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George E. Weber
(b) Address 706 S. Ann st
19 Date rec'd by registrar Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/41 19 , at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10/41 19 , to 5/25/ 1941. and that I last saw him alive on 5/25/41 19 .

Immediate cause of death: Hypertensive cardio vascular disease — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M. D.
Address 1226 Hanover St. Date signed 5/25/41

F 80986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

142-B

F 80986

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Freedmen's Room, Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md.
If outside city or town limits, write RURAL and give town
(d) Street No. 1404 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susiemae King-Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hampton

6 (c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years: 27 | Months: 10 | Days: | If less than one day: hr. min.

9. Birthplace: Prince George County, Va. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: George King
13. Birthplace: Va.

MOTHER
14. Maiden Name: Susie Hill
15. Birthplace: Va.

16 (a) Informant: Thomas Nelson
(b) Address: 1303 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 5 (day) 26 (year) 41

(c) Cemetery or crematory: Arbutus
Location

18 (a) Funeral director: Wes. L. Nelson
(b) Address: 1303 Presstman

19 (a) Date of burial: MAY 26 1941

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 19 41 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23/41 to 5/23/41 and that I last saw h alive on 19

Immediate cause of death: Shock (Hemorrhage)

Due to: Ruptured U.G. Pregnancy

Due to: Ectopic

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Pt. was too weak for operation.

Of operations:

Of autopsy: Confirmed diagnosis

Duration: 9

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. A. Welcome, M.D.
Address: Provident Hosp. Date signed: 5/23/41

F 80987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 80987 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 E. 38th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 E 38th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances W. Lassance

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Mathias Franck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1877

8. AGE: Years	Months	Days	If less than one day
63	5	9	hr. min.

9. Birthplace New York City (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name August H. Mantze
13. Birthplace Germany

MOTHER
14. Maiden Name Frances M. Wendt
15. Birthplace Germany.

16 (a) Informant Mrs Grace F. Lassance
(b) Address 617 E. 38th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-41 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Balto County

18 (a) Funeral director Albert M. Ranzoni
(b) Address 440 E. North Ave

19 (a) May 28 1941 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to May 24 1941, and that I last saw h[illegible] alive on May 24, 1941.

Immediate cause of death Carcinoma of Uterus

Duration
2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd C. Saylor M. D.
Address 3902 Erdman Ave Date signed May 26

V2 3

F 80988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-D

F 80988 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH L. BUTT, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1921

8. AGE: Years	Months	Days	If less than one day
20	0	7	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph L. Butt
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Anna B. Grabus
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Anna B. Butt,
(b) Address 615 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lasselle Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1941, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to May 24 1941, and that I last saw him alive on May 24 1941.

Immediate cause of death	Duration
Pulmonary Oedema	1 day
Due to Rheumatic Endocarditis	18 yrs.?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dousch M. D.
Address 2530 E. Baltimore St. Date signed 5-26-41

VS 2

F 80988 ✓F 80989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. 152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Clifton Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Clifton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma E. Gwynn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1857

8. AGE: Years	Months	Days	If less than one day
83	6	19	hr. min.

9. Birthplace Prince George County, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Gwynn
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Edelen
15. Birthplace Md.

16 (a) Informant Mrs. G. S. Jenkins
(b) Address 2204 Elsinor Ave., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Old Frederick Rd., Baltimore

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1941, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to May 24 1941, and that I last saw h[illegible] alive on May 24 1941.

Immediate cause of death	Duration
Acute Uremia due	
to Synovial Cysts Elbow	
Due to senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Gwynn M. D.
Address Medical Arts Bldg. Date signed

11-12 Acc Dr. Gwynn

F 80990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 80990

95-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Milton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeannette S. Corns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Job D. Corns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/20/57

8. AGE: Years	Months	Days	If less than one day
83	9	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Charles Stewart
13. Birthplace Scotland

MOTHER
14. Maiden Name Eleanor Bacon
15. Birthplace Balto. Co. Md.

16 (a) Informant Miss. Jeannette M. Corns
(b) Address 517 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1941, at M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 41.
and that I last saw her alive on May 23 19 41

Immediate cause of death Cerebrosclerosis,

Due to Cardiac fibrillation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Krause M. D.
Address Medical Arts. Bldg. Date signed

L. L. Krause

F 80991 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 80991 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Chase Street (If rural give location)
(e) If foreign born, how long in U. S. A.? About 64 years

3 (a) FULL NAME David Nash

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-03-2593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Nash

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
about 79			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name James B. Nash
13. Birthplace Midway Mills Va

MOTHER
14. Maiden Name Virginia Bowles
15. Birthplace Midway Mills Va

16 (a) Informant Mrs Annie Nash
(b) Address 1016 Chase Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave.

18 (a) Funeral director Henry Otterbein & Sons Inc
(b) Address 1301 E. Eager St
(c) Hunting Town Williams Mar (Registrar)

MAY 26 1941 (Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1941, at 12:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Fractured Skull	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - St. Jos. Hospital

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-24-41 19 41
(c) Where did injury occur? Hopkins ave, above Charles (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell in the street

23. Signature Howard J. Moulden M.D. Medical Examiner.
Date signed 5/26/41

80992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 80992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 S. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH ROMINSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-3997

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Apr. 4/~~1877~~ 1878

8. AGE: Years	Months	Days	If less than one day
63 ~~64~~	1	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Wachman
11. Industry or business Eyring Co.

FATHER
12. Name Andrew
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Dolnoy
15. Birthplace Germany

16 (a) Informant Wife
(b) Address 705 S. Monford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location German Hill Rd.

18 (a) Funeral director Fuller & Feller
(b) Address 403 S. Wolfe St.

19 (a) 5/24/41 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941, at 9 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Fracture

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-23-41
(c) Where did injury occur? Eastern Ave & Montford (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 5-24-41

VS 6

80993 66187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 80993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street [illegible] 111 W. Stricker Street (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Germany

3 (a) FULL NAME George Mattes

S.S. 212-16-2003

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No. Yes ???

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1877

8. AGE: Years 63 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Bridgeman

11. Industry or business Western Railway

FATHER 12. Name Frederick Mattes

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Metzer

MOTHER 15. Birthplace Germany

16 (a) Informant Hospital Records

(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26/41 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 N. WOLFE ST.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1941, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1941 to 5-23 1941, and that I last saw h[illegible] alive on 5-23 1941.

	Duration
Immediate cause of death: Lobar pneumonia right due to pneumococcus	?
Due to: Emphysema right	4 days?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 5-22-41

Major findings of operation: Emphysema right

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Schlert Jr. M. D.

Address Baltimore City Hosp. Date signed 5-24-41

F 80994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 80994

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)

(d) Street No. 1811 Park Avenue. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William H. Upton

William H. Upton 217-01-0501

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-01-0501

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Carrie V. Upton

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 3rd 1881

8. AGE: Years	Months	Days	If less than one day
59	7	21	..... hr. ..... min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)

10. Usual Occupation Foreman-Building Contracting

11. Industry or business M. L. Salisbury

FATHER

12. Name T. W. Upton

13. Birthplace Anne Arundel County, Md.

MOTHER

14. Maiden Name Keeny Gary

15. Birthplace Anne Arundel County, Md.

16 (a) Informant Mrs. Carrie V. Upton

(b) Address 1811 Park Ave., Halethorpe, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27th 1941 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,

(b) Address Baltimore, Md.

19 (a) 5-26 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1941, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1941 to 5-24 1941, and that I last saw h/m alive on 5-24 1941.

Immediate cause of death: Coronary occlusion

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature James Finegan Jr. M.D.

Address Mercy Hospital Date signed 5-24-41

VS 2

Please write plainly in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 80995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6720 Hunterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-10-0
(e) Length of stay in Baltimore (yrs., mos., or days) 14-10-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Chestnut Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Catherine A. Mullan

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas M.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1874

8. AGE: Years	Months	Days	If less than one day
67	4	8	..... hr. ..... min.

9. Birthplace Cumberland, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Zimmerle
13. Birthplace Cumberland, Maryland

MOTHER
14. Maiden Name Hyldelonna Shober
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/41 (month) (day) (year)
(c) Cemetery or crematory St. Peter's & Pauls
Location Cumberland, Maryland

18 (a) Funeral director Louis Stein, Inc.,
(b) Address Cumberland, Maryland

19 (a) MAY 26 1941 (Date rec'd by registrar) (b) Huntington Willis Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1941, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to May 26 1941, and that I last saw her alive on May 26, 1941.

Immediate cause of death Coronary Thrombosis 3 days.

Due to Generalized Arteriosclerosis

Due to .....

Other Conditions Chr. Cholecystitis 44 years
Involution of Psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. H. Allegaert M. D.
Address 336 Washington St. (Date signed)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80996 i

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 80996 i

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 2.
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Port St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME Joseph M. Dockal. John M. Dockal

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-4314

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1941. M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Dockal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	2	4		

9. Birthplace Czecho Slovakia (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Gold Valor Co

FATHER
12. Name Unknown
13. Birthplace Czecho Slovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czecho Slovakia

16 (a) Informant Anna Lyon
(b) Address 1924 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Hennighan
(b) Address 2024 Orleans St

MAY 26 1941 (b) Huntingtown, Md.
Registered by Registrar

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19 [illegible] to May 23 1941.
and that I last saw him alive on May 23, 1941.

Immediate cause of death Cardiac Dilatation Secondary to

	Duration
Due to Hypertension & C.V. Disease	
Due to Generalized Arteriosclerosis	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Arteriosclerotic Gangrene Left Foot.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace C. Dodd M. D.
Address Mercy Hospital Date signed May 23 41

VS 8

Type or print with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W

Registered No. E 80997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2941 St. Paul St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3941 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella C. Mace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1862

8. AGE: Years	Months	Days	If less than one day
78	11	24	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Dr. William H. Mace
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Henrietta M. Johnson
15. Birthplace Md.

16 (a) Informant Florence M. Putnam
(b) Address 2941 St. Paul St., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (month) (day) (year)

(c) Cemetery or crematory
Location Rossville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Baltimore

19 MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1941 at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 21 1939 to May 25 1941. and that I last saw her alive on May 25 1941.

Immediate cause of death: Cerebral hemorrhage — Duration 1 hrs
Left Hemiplegia
Due to Coron. Arterio Sclerosis
Arterio Sclero. of aorta
Due to Chr. anem — 4 years
Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Packard M. D.
Address 2925 N. Charles St. Date signed

80998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 80998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 W University Pkwy
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W University Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas H. Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-8095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Charlotte M. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1879

8. AGE: Years	Months	Days	If less than one day
61	9	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Vice-Pres. U. S. F. & G.
11. Industry or business

FATHER
12. Name David B. Marshall
13. Birthplace Va.

MOTHER
14. Maiden Name Theresa Roberts
15. Birthplace Md.

16 (a) Informant Thomas H. Marshall, Jr.
(b) Address 100 W. University Pky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore County, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) Huntington Williams (b) Registrar

MAY 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1941, at 1:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature William J. Kelly M.D. Medical Examiner
Date signed 5/26/41

F 80999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0

Registered No. F 80999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3623 Keswick Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Keswick Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

137

3 (a) FULL NAME James Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-3894

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ida D. Fisher
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 2, 1868

8. AGE: Years	Months	Days	If less than one day
74	-	23	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Foreman Retired
11. Industry or business Rigger.

FATHER
12. Name Emanuel Fisher.
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Ida D. Fisher.
(b) Address 3623 Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Hampden.

18 (a) Funeral director J. Bernard Hyde & Son
(b) Address 345-47 Cathedral Ave.

19 MAY 26 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1941 at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 5/26/41

VS 6

F 81000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164E

Registered No. F 81000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Singer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NORMAN SLOAT SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married.

6 (b) Name of husband or wife Nettie A. Sloat
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	27	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Huckster.
11. Industry or business Self

FATHER
12. Name Edward G. Sloat.
13. Birthplace Pa.

MOTHER
14. Maiden Name Rose Ortlaff.
15. Birthplace N.Y.

16 (a) Informant Nettie A Sloat.
(b) Address 702 Singer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director S. Hemmeter & Son
(b) Address 3615-17 Chestnut Ave.

MAY 26 1941 (a) (Signature of Registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1941, at 5:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said - (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of heart	
Fracture of ribs, right	
Due to Fall from high place	
Other Conditions dislocation 5th cervical vertebrae (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 23, 1941
(c) Where did injury occur? Huntington Ave. Viaduct (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jumped from bridge

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 5-23-41

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6/26 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #77550 AND ENDING WITH #81000 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Dorothy Booker

END OF REEL